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The Health of Letchworth


1966

LETCHWORTH URBAN DISTRICT COUNCIL



Annual Report
of the
Medical Officer of Health
for the year
1966

including the
REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR



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LETCHWORTH URBAN DISTRICT COUNCIL

Members as at 31st December, 1966—

Chairman of the Council:

N. C. MARTIN, J.P.

Chairman of the Public Health Committee:

COUNCILLOR W. MILLER

Councillors:

A. M. DAVISON

H. S. GAY

C. GLEADOW

B. KELLY

W. C. A. SQUIRRELL

A. W. J. WAITE

R. A. GURNEY

Medical Officer of Health:

JAMES D. HALL, M.R.C.S.(ENG.), L.R.C.P.(LOND.), D.P.H.

Chief Public Health Inspector:

ARTHUR JUMP, F.A.H.P.I.

Deputy Chief Public Health Inspector:

KENNETH BENNETT, M.A.P.H.I.

Additional Inspectors:

KENNETH MORGAN, M.A.P.H.I.

KENNETH BLOWER, M.A.P.H.I.

Meat Inspector:

CYRIL FISHER, A.R.S.H.

Technical Assistant:

JOHN N. CHAMPION

Pupil:

MICHAEL GLEADOW,
Student member A.P.H.I.

Clerical Assistants:

MISS M. HAYLOCK

MISS S. GOODERSON

Rodent Operative/General Assistant: E. A. CASTLE

PREFACE

PUBLIC HEALTH DEPARTMENT
TOWN HALL
LETCHWORTH

*To the Chairman and Members of
Letchworth Urban District Council*

MR CHAIRMAN, LADIES AND GENTLEMEN,

I include in this annual report of the health of your district details of the County Council health and school health services.

I would acknowledge in this preface my debt to Dr Walker who retired in May 1966. Some of the work, therefore, in this report was carried out under his direction.

I enclose in this preface some most interesting and informative comments from Mr Arthur Jump, Chief Public Health Inspector for Letchworth for thirty-five years. It is always of very great interest to read an account of this type from a Public Health Inspector of such eminence:

“ During the period 1931 to 1967 considerable growth has taken place. At the 1931 census the population of Letchworth was 14,454, and the Registrar General estimates the population at mid-year 1966 as 27,760. The acreage of the Urban District has increased from 3,651 to 5,090 acres and the number of dwellings from 3,897 to 8,760.

From the early days the population of Letchworth has tended to be cosmopolitan, a feature of the development being that whenever new industries arrived they brought with them key workers from different parts of the country. Then in the first world war a number of Belgian refugees arrived and occupied the empty houses then existing, special shops were established for them in The Wynd, and two of these refugees founded the K & L steel works. In the early 1930's, families from the distressed areas were absorbed; 1938 saw an influx of Jewish families to empty houses on the Arborne estate, and in 1939 came the first of many waves of evacuees. The town development scheme now being evolved on the Jackmans estate has brought its quota of Londoners and the last few years have seen the arrival of Commonwealth and other foreign immigrants. It is only now in the 1960's that offspring of parents, themselves born in Letchworth are marrying and having children of their own, and thus producing the nucleus of a true Letchworth population.

Housing has always played a prominent part in the development of the Garden City. In the years before World War I a national publication organised a competition at Letchworth in an endeavour to produce a low-cost but well-planned cottage. Architects and

builders from many parts of the country entered and evidence of their efforts still exist. Suitable dwellings were produced at costs around £150, but housing standards have risen and today it is costing between £450 and £650 to provide the same cottages with modern amenities. A significant fact is that the majority of rented houses have been built by the Urban District Council and a smaller number by various cottage societies. In the town development scheme on the Jackmans estate the Council is using the " Radburn " plan and thereby carrying on the pioneering spirit. Planning has always figured prominently in the case for garden cities and the agricultural belt to prevent development sprawl was strongly advocated by Ebenezer Howard and the first planners. Today the original belt has become a little thin in places and the new Baldock motorway has completely ' severed ' the eastern part.

In the field of environmental health, infectious disease has brought about the greatest change in the day-to-day work of the department, scarlet fever and diphtheria in the 1930's were not only prevalent but had significant death rates, nowadays there are few cases and fatal ones are rare. Other serious infectious diseases are no longer prevalent; the last case of smallpox in North Hertfordshire occurred in 1931 and the patient was treated at the smallpox hospital at Langley. This hospital has long since disappeared and its site now suffers from the modern disorder caused by car-breaking. A further illustration is that the North Hertfordshire isolation hospital still well used in the early 'thirties became under the regional hospital board a children's hospital and now is used for the care of the elderly. Tuberculosis in man is no longer the scourge it used to be and the sanatoria previously overflowing are now known and used as heart and chest hospitals. Cancer is still statistically increasing and the experts are giving many and various reasons why this should be!

Food poisoning is today accepted as a normal hazard and undoubtedly the changes in eating habits have played a part. Today communal feeding as illustrated by school, factory and office canteens, luncheon vouchers and the like has undoubtedly increased the risk of infection and the need for much attention to be paid to food hygiene.

Shops—the small family business with its self-contained living accommodation and specialising in its own trade, i.e. a grocer selling groceries; a butcher, meat; a dairy, milk; and a baker, bread he had baked himself, have almost disappeared. We have now the ' lock-up ' multiple shop, the supermarket, or self-service store, all selling an endless variety of stock. Even the popular 6d. store has been transformed into an emporium selling goods at all prices.

Changes have taken place in the production and distribution of milk. At the commencement of the period under review, milk was being produced at seven farms within the town agricultural belt and there were seventeen retailers distributing different raw supplies. Only one farm producing milk remains, and there are five retailers

distributing a vastly increased quantity of milk made safe by pasteurisation.

In 1931 the Animal Defence Society were completing their model abattoir to demonstrate humane slaughter. The passing of the Slaughter of Animals Act in 1935 effectively demolished this objective and the premises were sold to a private company and opened as a bacon factory. In 1939 it became a regional slaughterhouse. The throughput is now large enough to cater for a town of 250,000 inhabitants and there is a large meat food manufactory supplying products to the East Anglia region. The meat inspection duties are onerous!

Changes for the better have occurred in connection with the pollution of the atmosphere. The decreased use of bituminous coal, industrially and domestically, the establishment of smoke-control areas and the ever-increasing use of authorised fuels have all contributed to improved conditions.

Factories—the wide use of electrical power means that almost every factory these days can be defined as a mechanical factory. In the 1930's circumstances were very different, there were a few mechanical factories (mainly operated by steam power), and large numbers of small establishments employing men doing manual work. In the 1960's we have many factory premises, run by large companies with few local connections, using semi-automation processes and employing men and women. Quite a proportion of the women are engaged part-time and housewifery is no longer a principal occupation; the changed circumstances have led to an increased need for creches and nursery schools."

The population showed a natural increase of 189 and an overall increase of 320 according to the Registrar General's estimate of the resident population for mid-1966.

There were again no maternal deaths in the district.

Three infant deaths occurred from a total of 466 live births. Twenty-one of the births were premature, with two deaths. One infant died from cerebral haemorrhage, one from meningitis, and one from an acute respiratory infection. Two of the deaths were in infants over the age of one month. Two of the infants were born at home and two died in hospital.

The maternal mortality rate with no maternal deaths was 0.00 and was most satisfactory.

The infant mortality rate was 6.4, half that for the remainder of Hertfordshire and one-third of that for the remainder of England and Wales.

The corrected birth rate was 16.2 (Hertfordshire 16.3), based on an increasing population and was comparable with the previous year.

The corrected death rate was 11.0, slightly in excess of that for the remainder of Hertfordshire (10.1).

The total deaths were 277, of which 106 were due to diseases of the heart and blood vessels; 69 to cancer of various sites; 39 to vascular lesions of the nervous system; and 24 to respiratory diseases.

These correspond to rates of 3.8 (Hertfordshire 3.1), 2.4 (Hertfordshire 1.9), 1.04 (Hertfordshire 1.3) and 0.86 (Hertfordshire 1.2). These deaths follow the general ranking order for the remainder of Hertfordshire, and for England and Wales as a whole, the commonest causes of death in descending order being as follows: heart and circulatory diseases, cancer, vascular lesions of the nervous system and respiratory diseases.

There was one death from tuberculosis.

There were two deaths from motor vehicle accidents and eight from other accidents. Two deaths occurred from suicide.

There were thirty-four illegitimate births with no deaths.

Housing improvements continued to be carried out during 1966. Ten applications for standard and thirty-four for discretionary improvement grants were granted. Multi-occupation was kept under control by frequent and regular visiting.

Itinerant caravan dwellers gave some little trouble during the year and from time to time groups of caravans were stationed on the highways and lands near the boundary. A considerable amount of time was taken up in routine surveillance.

No prosecutions under the Food Hygiene (General) Regulations were effected in 1966. Fifty-six contraventions were noted and fifty-four were remedied.

The Health Visitors, District Nurses and Midwives are now attached to family doctors. It is hoped that this attachment will be to the benefit of the community in creating a better understanding of the latter's needs. The closer association of both hospital and general practitioner services with the local authorities has been a welcome development over the past few years. The suspicion with which many family doctors in the past regarded the establishment of Health Centres would appear to be disappearing, and during the year plans were formulated to establish a group of general practitioners in a new clinic to be built in the area. There is no doubt that the trend in the health services as a whole is to the ever closer co-operation between its three main branches.

During 1966 cervical cytology clinics were established in the division. The public responded to such an extent that in certain areas waiting lists for appointments were as long as four months. The number of clinics that can be established for this purpose are limited by the availability of medical staffs and by the number of smears that the hospital can examine. Medical recruitment to the Public Health Service has for some time presented a problem which is not easing. It should be remembered also that the medical officers carrying out this work require special training.

No cases of cervical cancer were detected during the year, although three smears necessitated re-testing.

A case of paralytic poliomyelitis occurred at the end of July in the divisional area. Forty-six contacts were traced and all were given oral vaccine and kept under surveillance by the health visitors. Several of the contacts were resident in London and other areas

outside the county, and their medical officers of health were informed. No further cases have occurred.

During this outbreak certain members of the public became unduly alarmed, and use of the swimming bath was questioned: such recreation is not contra-indicated in the minor epidemics of poliomyelitis.

Clinical surveillance of poliomyelitis contacts is the most important single measure in controlling an outbreak; the giving of oral vaccine is unlikely to affect the course of an epidemic of a disease in which the incubation period is variable and may be extremely short. The closure of swimming baths, cinemas, schools, etc., in general serves no purpose.

Measles is now the commonest infectious disease of childhood. Although it only rarely produces deaths it is responsible for much school absence and in certain cases is followed by complications which may be long lasting. Vaccination against measles became possible following the isolation of the measles virus and the development of an attenuated strain. The early vaccine made from this strain was accompanied by rashes and a rise of temperature in many cases. Further vaccines have been produced which would appear not to have these side effects and the possibility of measles vaccination on a wide scale now exists. Discussions as to its use are still taking place, but it would appear that after further trials, measles vaccination may become a routine part of the childhood immunisation and vaccination programme.

In the period September to December 1966, two deaths from leptospirosis (Weil's Syndrome) occurred in a one-mile area of North-West Hertfordshire. Both were in men of late middle age, and both were farm labourers. Their deaths were due to infection by a bacterium *leptospira*, a genus of the *Order Spirochaetales*.

In January 1967 two further suspected cases were reported, one in the same area as the two deaths and one three miles to the north. These cases recovered and blood tests showed no conclusive evidence of active infection.

Leptospirosis is one of the zoonoses, a group of diseases naturally transmitted between vertebrate animals, into which animal cycle man intrudes incidentally. The death rate in man from this disease varies between 10–30 per cent, a rate greatly higher than, for example, typhoid fever and equal to that of smallpox, and is dependent on such factors as the dose of infection, the virulence of the particular strain of infecting *leptospira*, the resistance and immunity of the infectee, and the latter's age and general state of health.

Although many different animals are hosts (vectors) of *leptospira*, outbreaks of Weil's Syndrome in man are almost invariably associated with the common brown rat (*rattus norvegicus*), infection being transmitted by rats' urine to food, soil, water and then to man.

An abnormally high infestation of rats in every district of North Hertfordshire was known since the first death, and the second death

occurred in spite of the concentration of all resources upon rat destruction. Higher infestations elsewhere in England have been reported to me by the Ministry of Agriculture, but this area was unique in its two deaths within a confined area.

It remained, therefore, to confirm the hypothesis that within a circumscribed area an epidemic of leptospirosis was present in the rats themselves and that elsewhere in the county the condition was a quiescent or endemic one in those animals. It remained also to discover whether, in fact, undiagnosed cases had occurred elsewhere.

To test this possibility live rats were trapped in random areas of Baldock, Letchworth, Royston, Stevenage, and the areas of Hitchin Rural District surrounding those towns and examined for the presence of live leptospira. The tested rats were positive and were heavy excretors of leptospira. Enquiries were made throughout North Hertfordshire to discover missed cases of leptospirosis; none were found.

It is not possible therefore to explain the misfortune of the two isolated deaths. It may be presumed, however, that both received a particularly heavy dose of infection with a virulent strain of leptospira.

The public were asked in a special Press release to take the following precautions:

1. House surrounds, gardens and out-buildings to be kept tidy, clean and swept. All accumulations of rubbish likely to harbour rats to be destroyed.
2. No food remnants to be placed in open dustbins and no food to be thrown on the ground for birds or pets.
3. Agricultural workers and gardeners to take special care not to eat any food after work without washing and scrubbing the hands. Water from ponds, ditches, surface springs, etc., not to be drunk or allowed to come into contact with a wound, and all cuts, etc., to be covered. The washing of gumboots, etc., to be performed with mains supply water only.
4. The hands to be thoroughly washed after contact with any animal; dead rats not to be picked up with ungloved hands and the presence of rats to be reported to the public health department.

A tribute must be paid to the editors of the local newspapers for the most valuable co-operation I was given at this time.

There is no doubt that rat infestation throughout England is now a bigger problem than ever before. Numbers of rats in 1966 were known by the Ministry of Agriculture to have reached alarming proportions. Significant factors are diminishing numbers of rat predators, for example hawks, falcons, pole cats, stoats and weasels; ample food supplies in the fields due to combine harvesting methods, and regrettably in certain areas a lack of attention paid by farmers

to rat eradication. In this area, for example, infestation of a stretch of the Great North Road, which must have been apparant to road workers and farmers, was not reported to any public health authority, and was revealed only by a personal visit by a chief public health inspector.

It is quite impossible for any medical officer of health or public health inspector to control rats without the co-operation of such members of the public as farmers. I am, however, grateful for the large number of cases of rats reported to me by ordinary inhabitants of the area and this help was of fundamental importance.

I wish to record my thanks to Mr Jump, Chief Public Health Inspector, for his work and co-operation during the year. I am most grateful for the help I received on my arrival to take up my appointment. In this short preface it is not possible to mention all those members of the medical and administrative staffs, both of your district and of the County Council, whose efforts I have so greatly appreciated. My thanks are particularly due to the staff of the Divisional Health Office who have made the preparation of this report possible.

I remain,

Your obedient servant,

J. D. HALL,

Medical Officer of Health.

Divisional Health Office
Bedford Road, Hitchin, Hertfordshire
(Tel. No.: Hitchin 50411)

SECTION "A"

NATURAL AND SOCIAL CONDITIONS OF THE AREA

(a) GENERAL STATISTICS

Area (in acres)	5,090
Registrar General's estimate of Resident Population mid-1966 ...	27,760
Number of inhabited houses at 31st December, 1966	8,760
Rateable value	£2,343,260
Net product of 1d. rate	£9,300

(b) PHYSICAL AND SOCIAL CONDITIONS

The Registrar General's estimate of resident population for mid-1966 reveals an overall increase of 520. The natural increase of population, i.e. excess of births over deaths for the year was 189.

The number of dwelling houses increased by 127. Little private building was carried on during the year. Both private and council building is expected to be higher in 1967. The population in the area is expected to be higher in 1967. The population in the area is engaged mainly in manufacturing and supporting service industries. Only a small proportion is engaged in agriculture and forestry. In the area as a whole, including Letchworth, the manufacture of engineering, electrical goods and similar metal manufacturing occupies 6,600 men and 1,500 women, the largest single group. Vehicles, 2,200 men, 800 women; textiles, clothing and footwear, 700 men, 1,540 women; printing and publishing, 778 men, 408 women. Building construction employs 800 men, distributive trades 760 men and 1,060 women. Insurance, banking and professional services 1,300 men and 1,580 women. During 1966 in the area the average number of wholly unemployed persons was 69 men and 45 women. The great majority of these were in the semi-skilled or unskilled groups, and about 15 per cent of the men were disabled workers.

Letchworth, the first Garden City in the world, was the realisation of a dream of Ebenezer Howard, a shorthand reporter at the Law Courts and in Parliament. He was concerned by the slums in which some industrial workers were compelled to live throughout England and he visualised a planned town which would incorporate the amenities of country living together with the convenience of facilities offered by a town.

The three villages of Norton, Willian and Letchworth formed the chosen site, and the general lay-out of the town was drawn up by Sir Raymond Unwin and Barry Parker. In 1903 the First Garden City Limited was registered at Somerset House.

Letchworth is surrounded by agricultural land with spacious avenues lined with trees; it represents a notable example of a purpose-built town. The industrial site, adjacent to the railway contains engineering, printing, furniture, and computer industries which provide employment for the citizens of the town.

The educational needs of the town are served by local authority schools and by two independent boarding and day schools, the latter attracting pupils from abroad as well as locally.

An open-air swimming pool is situated on Norton Common, the largest open space in Letchworth, whilst the town itself contains many delightful gardens. Public bowling greens, tennis courts and public and private playing fields provide other facilities. On the southern fringe of the town is a golf course.

LETCHWORTH VITAL STATISTICS 1966

LIVE BIRTHS:

	Males	Females	Total
Total	229	237	466
Legitimate	217	215	432
Illegitimate	12	22	34
Live Birth Rate (uncorrected) per 1,000 population	—	—	16.7
Live Birth Rate (corrected) per 1,000 population ...	—	—	16.2
Illegitimate live births percentage total live births	—	—	7.3

STILL-BIRTHS:

Total	2	4	6
Rate per 1,000 live and still-births...	—	—	12.7
Total live and still-births	231	241	472

DEATHS OF INFANTS UNDER 1 YEAR OF AGE:

Total	1	2	3
Legitimate	1	2	3
Illegitimate	—	—	0
Infant Mortality Rate per 1,000 live births ...	—	—	6.4
Legitimate Infants per 1,000 legitimate live births	—	—	6.9
Illegitimate Infants per 1,000 illegitimate live births	—	—	0.0
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	—	—	2.1
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	—	—	2.1
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births	—	—	14.8

MATERNAL MORTALITY, INCLUDING ABORTION:

Number of deaths	—	—	Nil
Rate per 1,000 total live and still-births	—	—	0.00

TOTAL DEATHS	133	144	277
Death Rate (uncorrected)	133	144	277
Death Rate (uncorrected)	—	—	10.0
Death Rate (corrected)	—	—	11.0
Natural increase of population	—	—	189

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1966 IN THE URBAN DISTRICT OF LETCHWORTH

General Register Office, Somerset House, Strand, London, W.C.2

ICD No.	CAUSE OF DEATH	Sex	Total All Ages	Under 4 Wks	4 Wks and Under 1 Yr	AGE IN YEARS							
						1-	5-	15-	25-	35-	45-	65-	75 & over
001-008	1. Tuberculosis, Respiratory ...	M	1	-	-	-	-	-	-	1	-	-	-
020-085	3. Syphilitic Disease ...	F	-	-	-	-	-	-	-	-	-	-	-
Rem 001-138 151	9. Other Infective and Parasitic Diseases	M	-	-	-	-	-	-	-	-	-	-	-
		F	4	-	1	-	-	-	-	-	-	-	-
162, 163	10. Malignant Neoplasm, Stomach ...	M	3	-	-	-	-	-	-	-	-	-	2
		F	18	-	-	-	-	-	-	-	-	1	2
170	11. Malignant Neoplasm, Lung, Bronchus	M	4	-	-	-	-	-	-	-	-	9	2
		F	4	-	-	-	-	-	-	-	-	2	2
171-174	12. Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-
		F	4	-	-	-	-	-	-	2	-	-	1
Rem 140-205 204	13. Malignant Neoplasm, Uterus ...	F	2	-	-	-	-	-	-	-	2	-	-
		M	17	-	-	-	-	-	-	-	3	6	5
260	14. Other Malignant and Lymphatic Neoplasms	F	16	-	-	-	-	1	-	-	2	1	7
		M	-	-	-	-	-	-	-	-	-	-	-
330-334	15. Leukaemia, Aleukaemia ...	M	1	-	-	-	-	-	-	-	-	-	-
		F	1	-	-	-	-	-	-	-	-	-	-
420	16. Diabetes ...	M	-	-	-	-	-	-	-	-	-	-	-
		F	16	-	-	-	-	-	-	-	-	6	10
422	17. Vascular Lesions of Nervous System	M	23	-	-	-	-	-	-	-	-	-	4
		F	29	-	-	-	-	-	-	3	1	8	18
	18. Coronary Disease, Angina ...	M	34	-	-	-	-	-	-	-	2	14	9
		F	1	-	-	-	-	-	-	-	-	2	16
	19. Hypertension with Heart Disease	F	2	-	-	-	-	-	-	-	-	-	-

ICD No.	CAUSE OF DEATH	Sex	Total All Ages	Under 4 Wks	4 Wks and Under 1 Yr	AGE IN YEARS								
						1-	5-	15-	25-	35-	45-	55-	65-	75 & over
430	20. Other Heart Disease	M	9	-	-	-	-	-	-	1	-	1	1	6
467	21. Other Circulatory Disease	F	11	-	-	-	-	-	-	-	-	-	-	11
490-493.	23. Pneumonia	M	7	-	-	-	-	-	-	-	-	1	-	5
		F	13	-	-	-	-	-	-	-	-	2	-	10
763	24. Bronchitis	M	7	-	-	-	-	-	-	-	-	2	-	5
		F	6	-	-	-	-	-	-	-	-	3	-	10
527	25. Other Diseases of Respiratory System	F	-	-	-	-	-	-	-	-	-	-	-	5
540-541	26. Ulcer of Stomach and Duodenum	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
543, 571, 572, 764	27. Gastritis, Enteritis and Diarrhoea	M	-	-	-	-	-	-	-	-	-	-	-	-
590-594	28. Nephritis and Nephrosis	F	-	-	-	-	-	-	-	-	-	-	-	-
		M	-	-	-	-	-	-	-	-	-	-	-	-
610	29. Hyperplasia of Prostate	F	-	-	-	-	-	-	-	-	-	-	-	-
001-795	32. Other Defined and Ill-defined Diseases	M	9	-	-	-	-	-	-	-	-	-	-	-
		F	10	-	-	-	-	-	-	-	-	-	-	-
E810-E835	33. Motor Vehicle Accidents	M	-	-	-	-	-	-	-	-	-	-	-	-
		F	-	-	-	-	-	-	-	-	-	-	-	-
Rem E800-E899 E970-E979	34. All Other Accidents	M	2	-	-	-	-	-	-	-	-	-	-	-
		F	6	-	-	-	-	-	-	-	-	-	-	-
	35 Suicide	F	-	-	-	-	-	-	-	-	-	-	-	-
	TOTAL ALL CAUSES	M	133	1	-	1	2	1	-	7	10	27	33	51
		F	144	-	2	-	1	2	-	3	10	7	32	87

INFANT DEATHS - LETCHWORTH

Place of Birth	Date of Death	Cause of Death	Age	Birth Weight	Age of Mother	Died at	Sex	Legitimate	Illegitimate
Home	8.3.66	Cerebral Haemorrhage	10 hours	Not weighed	22	North Herts Hospital	M	—	
North Herts Maternity Unit ...	5.7.66	Pneumococcal Meningitis	8 months	4 lb. 5 oz.	23	Lister Hospital	F	—	
Home	3.12.66	Acute respiratory infection	2 months	6 lb. 8 oz.	33	Home	F	—	

	District 1966	North Hertford- shire Division	Hertford- shire	England and Wales
Population	27,760	147,470	872,100	48,075,300
Live Births (Crude)	16.7	19.2	17.3	17.7
Live Births (Corrected)	16.2	*	16.3	0
Death Rate—All causes Crude	10.0	8.4	9.1	11.7
Death Rate—All causes Cor- rected	11.0	*	10.1	*
Infective and Parasitic Diseases —excluding Tuberculosis, but including Syphilis and other V.D.	0.07	0.06	0.03	*
Tuberculosis:				
Respiratory	0.03	0.04	0.03	0.04
Other Forms	—	0.01	0.01	0.01
All Forms	0.03	0.01	0.03	0.05
Cancer	2.4	1.8	1.9	2.2
Vascular lesions of the Ner- vous System	1.04	1.2	1.3	*
Heart and Circulatory Diseases	3.8	2.9	3.1	*
Respiratory Diseases ...	0.86	0.7	1.2	*
Maternal Mortality	—	—	0.3	0.3
Infantile Mortality	6.4	11.6	13.9	19.0
Neo Natal Mortality ...	2.1	6.3	9.3	12.9
Early Neo Natal Mortality ...	2.1	4.5	7.9	11.1
Perinatal Mortality	14.8	16.0	19.5	26.3
Still-births	12.7	11.6	11.7	15.4

* Not available.

DIVISIONAL VITAL STATISTICS 1966

							Males	Females	Total
LIVE BIRTHS:									
Total	...	...	...	...	...	...	1,448	1,385	2,833
Legitimate	...	...	...	...	...	...	1,362	1,294	2,656
Illegitimate	...	...	...	...	...	...	86	91	177
Live Birth Rate (uncorrected) per 1,000 population							—	—	19.2
Live Birth Rate (corrected) per 1,000 population							—	—	*
Illegitimate live births percentage of total live births							—	—	6.2
STILL-BIRTHS:									
Total	...	...	...	...	...	...	14	19	33
Rate per 1,000 live and still-births	...	...	...	...	...	...	—	—	11.6
Total live and still-births	...	...	...	...	...	...	1,462	1,404	2,866
DEATHS OF INFANTS UNDER 1 YEAR OF AGE:									
Total	...	...	...	...	...	...	18	15	33
Legitimate	...	...	...	...	...	...	16	14	30
Illegitimate	...	...	...	...	...	...	2	1	3
Infant Mortality Rate per 1,000 live births	...	...	...	...	...	...	—	—	11.6
Legitimate Infants per 1,000 legitimate live births	...	...	...	...	...	...	—	—	11.3
Illegitimate Infants per 1,000 illegitimate live births	...	...	...	...	...	...	—	—	16.9
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	...	...	...	...	...	...	—	—	6.3
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	...	...	...	...	...	...	—	—	4.5
Perinatal mortality rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	...	...	...	...	...	...	—	—	16.0
MATERNAL MORTALITY, INCLUDING ABORTION:									
Number of deaths	...	...	...	...	...	...	—	—	Nil
Rate per 1,000 total live and still-births	...	...	...	...	...	...	—	—	0.00
TOTAL DEATHS	...	...	...	...	...	...	631	617	1,248
Death Rate (uncorrected)	...	...	...	...	...	...	—	—	8.4
Death Rate (corrected)	...	...	...	...	...	...	—	—	*
Natural increase of population	...	...	...	...	...	...	—	—	1,585
Overall increase of population	...	...	...	...	...	...	—	—	3,550

* Not available

DIVISIONAL VITAL STATISTICS

In any discussion on vital statistics it must always be remembered that relatively small populations do not always provide the soundest basis for comparative purposes. It may, therefore, be of more value to consider the rates for the North Hertfordshire division as a whole, consisting as it does of a population of almost 150,000. Deductions based on such numbers may be considered to be reasonably valid. Minor fluctuations in rates, however, from year to year should not be considered too seriously but observation of the overall trend over a period of years is of value. Crude rates, such as a crude death rate are relatively invalid for comparative purposes, since they are affected by population structure as to age and sex: ageing populations for example living in the most healthy surroundings would exhibit a higher crude death rate than a young population living in an industrial area.

LIVE BIRTHS

A total of 2,833 live births occurred in 1966, 177 of which were illegitimate—6.20 per cent of live births were, therefore, born to unmarried mothers. For some years the number of live births has progressively increased over the country as a whole with minor fluctuations. Births in social classes I, II and III (Registrar General's Classification) are now becoming more numerous, with a tendency for births in the classes IV and V to decrease. This is an interesting trend. The age at marriage continues to decrease without a corresponding increase in births. The birth rate for the division was 19.2, in excess of that for the remainder of Hertfordshire (17.3) and for England and Wales (17.7).

The birth rate corresponded to an overall increase in population based on the Registrar General's estimate of population for mid-1966 of 2,550, the natural increase, i.e. excess of births over deaths, being 1,585. The birth rate is expressed as the number of live births per thousand of the mid-year population both male and female, and is proportionate to the number of women of child-bearing age; to overcome this difficulty an area comparability factor is applied to crude rates. The birth rate is not, however, an accurate index of fertility. The rising trend in live birth rate has been accompanied by a general rise over the whole country of illegitimate births.

DEATHS

The death rate for the division from all causes was 8.4 (Hertfordshire 9.1; England and Wales 11.7). The rate in North Hertfordshire, therefore, is less than that for the remainder of the county and markedly less than the country as a whole. The commonest causes of death for England and Wales in descending order are as follows: heart and circulatory diseases, cancer, vascular lesions of the nervous system and respiratory diseases, and the deaths in this

division followed this ranking. The very low death rate from respiratory diseases (0.7/1,000) (Hertfordshire 1.2) is of interest. This rate includes bronchitis and pneumonia, but excludes cancer of the lung. This rate may be a reflection of the superiority of the environment compared with the industrial areas of the North, where respiratory diseases are often the second commonest causes of death. It should be emphasised also that the death rate from respiratory diseases is half that for the rest of Hertfordshire.

INFANT MORTALITY

The infant mortality rate represents the number of children dying under the age of one year per thousand live births. The rate for the division of 11.6 (Hertfordshire 13.9; England and Wales 19.0) was most satisfactory. The infant mortality rate has proved a most useful measure of the risks during infancy in the past. It has provided an index of the relative wellbeing of communities. The reduction in such rates from 150 per 1,000 in England and Wales in the early years of this century to the present rate of 11.7 reflects the great improvement in environment, and health service provisions that have occurred. This rate, however, is perhaps most useful when employed as a vital statistic in emergent or relatively primitive communities and is not the most satisfactory guide to the standard of maternal care.

After the first month of life accidental mechanical suffocation, bronchitis and pneumonia are the most important conditions contributing to post-neonatal death rates and sudden death is a particular hazard of the post-neonatal period. Banks (1958) found that such deaths represented 20 per cent of all infant deaths. The report of *Enquiry into Sudden Death in Infancy* (1965) was concerned with a study of over 200 sudden deaths in infants aged between two weeks and two years. The enquiry revealed that the peak incidence of cases of sudden unexplained deaths in infancy was in the two to three months' age group; 60 per cent of cases were found by the parents in the morning; 38 per cent of 102 cases were found with mouth and nose completely or partially covered by bedding; there was a greater prevalence during winter; a history of preceding respiratory infection was frequently given; pillows and mattresses in fatal cases were usually soft. Certain social factors were discovered—a higher percentage of illegitimate births, poorer types of home, younger mothers, tendency to overcrowding. Cows' milk proteins were demonstrated in the lungs of 42 per cent of 60 unexplained cases of sudden death. No firm conclusions were drawn in the report. The findings suggest the following as factors in causation: early bottle feeding, hypersensitivity to cows' milk, soft pillows and recent infection.

The risk of unexplained sudden death before the age of two years may be compared with the risk to a child under five dying in a road accident.

The former risk is twice that of the latter. Such measures as the avoidance of pillows for young infants and early breast feeding, together with the realisation of the risks of respiratory infections to young children might do much to lessen the incidence of this condition.

PERINATAL MORTALITY

Infant mortality rates are now overweighted by those deaths occurring under the age of one month (neonatal). This combination of neonatal deaths within the infant mortality rate has the effect of reducing the apparent rate of decline of the latter. There is also a tendency as the neonatal rate increases for the stillbirth rate to diminish, and it may be a fair assumption that the borderline between stillbirth and survival for the first week or month of life is to some degree artificial.

The perinatal rate, stillbirths and deaths under one week per thousand live and stillbirths, was introduced to overcome the latter difficulty. The greater number of perinatal deaths are due to prematurity; the problem, therefore, is rather one of the hazards of childbirth to the foetus than of any deficiencies in the community as a whole. The continuing low maternal mortality rates reveal that pregnancy is comparatively less dangerous for the mother. The National Birthday Trust Fund Report stressed the categories of high-risk mothers, which included a previous history of abortions, premature births or stillbirths, past histories of toxæmia, ante-partum hæmorrhage and caesarean section.

The report concluded that the perinatal mortality would be greatly reduced if the following standards were adopted:

- (a) Primigravidae and multiparae with a first stage of 24 hours or more and women with any abnormality including rhesus antibodies to be confined in hospital.
- (b) Immediate delivery to be effected in primigravidae and multiparae with second stages lasting one to two hours.
- (c) Hospital delivery for those women whose membranes had been ruptured for 24 hours.
- (d) Greater care of the infant during the inter-natal and immediate post-natal periods with early diagnosis of foetal distress and prompt resuscitative measures. It is of interest in this regard that post mortems carried out on 93 per cent of perinatal deaths in March 1958 showed that 30 per cent were due to intra-partum anoxia.

The dominant factor in perinatal mortality is prematurity; although premature infants make up only 7 per cent of all births, they provide over half the number of stillbirths and 60 per cent of first-week deaths each year. The definition of prematurity as a birth weight of $5\frac{1}{2}$ lb. or less does not distinguish between a small baby born at term and a true premature infant. It is perhaps

preferable to employ the term " low birth weight." Those premature infants who survive tend to have a higher incidence of physical and intellectual handicaps.

The Annual Report of the Chief Medical Officer of the Ministry of Health contains some interesting statistics on prematurity and refers to the great deal of attention paid to this problem in recent years. It stresses that not only should premature infants be kept alive but that the handicaps to which their birth exposes them should be diminished.

Full understanding of the causation of prematurity is still ill-understood. Obstetric factors such as pre-eclampsia and ante-partum haemorrhage are all associated with low birth weight. Such factors as smoking, working during pregnancy and previous unsuccessful conception have all been linked with prematurity.

High standards of ante-natal care are required to prevent the onset of premature labour, special baby care units should now be a part of all maternity units throughout the country. These units containing specialist paediatric and nursing teams provide the best chance that the premature infant has, both to survive and to develop normally.

A major cause of death in low-birth rate infants, for example, is the respiratory distress syndrome. Premature infants of all weights have a particularly high mortality within twenty-four hours of birth. The lower the birth weight of premature infants the greater the risk.

The perinatal mortality rate for the division was 16.0 (Hertfordshire 19.5; England and Wales 26.3) and may be considered satisfactory. The stillbirth rate, i.e. births at or over 28 weeks, not live-born, per thousand births live and still was 11.6 (Hertfordshire 11.7; England and Wales 15.4).

TUBERCULOSIS

The death rate for tuberculosis was 0.03 (Hertfordshire 0.03; England and Wales 0.04). The rate remains at a satisfactory low level with a total of seven deaths. Continuance of such low rates must not, however, be an encouragement to relax the efforts at eradication, particularly in view of the presence of increasing numbers of susceptibles. Contact tracing, B.C.G. vaccination, the use of diagnostic radiology must continue.

INFECTIVE AND PARASITIC DISEASES

The rate for these diseases including all infectious conditions but excluding tuberculosis and including venereal diseases was 0.06 (Hertfordshire 0.03) with a total of nine deaths.

CANCER

The death rate for cancer of all sites was 1.8 (Hertfordshire 1.9; England and Wales 2.2) with a total for the division of 317 deaths, 25 per cent of which were due to cancer of the lung with a total of 81 deaths, 66 in men and 15 in women; 8 per cent to cancer of the stomach (26 deaths); 7 per cent to cancer of the breast (21 deaths)

and 3 per cent to cancer of the uterus. There were seven deaths from leukaemia. A general increase in the incidence of cancer has occurred in most European countries, with varying changes in types.

Intestinal cancer has decreased in both sexes. Cancer of the pancreas, ovary and fallopian tubes has increased. Cancer of the uterus has declined. Women with one or no children are more likely to suffer from cancer of the uterus than cancer of the cervix. One in twenty of all women may expect to contract cancer of the breast. It has been estimated that the bearing of two or three children reduces the likelihood of breast cancer developing after the age of 45 by one-fifth and that four or more children reduce it by two-fifths.

Deaths from lung cancer continue to increase each year. In 1965, 755 more deaths occurred in men in England and Wales than in 1964, and in females 272. It must be emphasised that the major factor in such deaths is cigarette smoking. It is difficult to accept the evidence that less people are smoking than before, but there is no doubt that of those who do, many acknowledge and accept the risk. There is sound evidence that the risk of deaths from lung cancer falls substantially within the few years of ceasing to smoke and becomes progressively less as the years of non-smoking accumulate.

A number of surveys in England and Wales have shown that at the age of 12, 10 per cent of boys, at the age of 13, 20 per cent, and at the age of 14, 33 per cent of boys smoke regularly. As many as 3 per cent of seven-year-olds may smoke and 60 per cent of school-leavers. The incidence of smoking is higher in secondary modern than in grammar schools and is always higher in boys than in girls. The causation in children has been studied and it appears that social pressure, imitation of elders and a wish for adult status play a role. There is a known positive association between parents' and children's smoking habits. It was as a result of such surveys that it was suggested that health education programmes in this direction should be centred on the primary schools. There is some evidence, however, recently, that less school children are smoking than these surveys would suggest.

It should be emphasised that cancer of the lung is now the most common type of malignant disease and represents a major health hazard. In the last thirty years deaths from this cause have increased eight-fold in men and three-to four-fold in women. A general upward trend in deaths from cancer of the breast continues and now represents the third commonest type of cancer.

VASCULAR DISEASES OF THE NERVOUS SYSTEM

The death rate from these causes was 1.2 (Hertfordshire 1.3) with a total of 190 deaths and represents the third commonest cause of death, both in the country as a whole and in this area. Variations

from year to year are slight and no upward or downward trend is discernible. Such deaths include "strokes" due to cerebral haemorrhage, thrombosis or embolism, and mortality increases progressively with age.

HEART AND CIRCULATORY DISEASES

The rate for this division was 2.9, slightly less than for the remainder of Hertfordshire (3.1) with a total of 433 deaths. This group of disease represents the commonest cause of death in the country and includes coronary heart disease and angina. The mortality from these causes is appreciably higher between the ages of 45 to 54 years in men, the productive years.

DISEASES OF THE RESPIRATORY SYSTEM

The death rate from respiratory disease in the division was 0.7, half that for Hertfordshire (1.2) with a total of 144 deaths. The lowness of this rate reflects the very satisfactory living conditions and the lack of atmospheric pollution in North Hertfordshire. It does not, however, indicate that the provision of smoke control areas is unnecessary.

MATERNAL MORTALITY

There were no maternal deaths in the divisional area of North Hertfordshire in 1966—a most satisfactory state of affairs. The report on the Confidential Enquiries into Maternal Deaths in England and Wales for the years 1961 to 1963 was published in 1966. The report showed that deaths due to pregnancy or child-birth were most commonly due to abortion, and that toxæmia and haemorrhage as causes of death were now less common. The deaths following abortion were due to haemorrhage, sepsis or embolism and the report suggested that some of these deaths might have been avoided by early treatment or by the use of "flying squads," although it also suggested that many represented a large and serious social problem. The report showed that nearly one-third of maternal deaths occurred in the early part of pregnancy, before the child could be considered capable of life. It showed also that the risk of death during pregnancy or childbirth is greatest in women with an obstetric or medical abnormality, in women aged 35 or more bearing their fifth or subsequent child, and women pregnant for the first time who were more than 30 years of age. The report also suggested that girls under the age of 16 were subjected to greater than average risks. The report also drew attention to the fact that in the two years, 1961 to 1963, 3,211 maternities occurred amongst girls of 15 or less with four maternal deaths, indicating the risks to young mothers of pregnancy.

SECTION " B "

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Divisional Medical Officer and Medical Officer of Health :

DR J. D. HALL

Assistant County Medical Officers :

DR S. J. MOYNIHAN

DR P. T. HORDER

DR D. M. BATTY

DR A. T. LEAVER

Part-time Medical Officers :

DR H. I. L. HALL

DR E. E. WALTON

Divisional Welfare Officer :

MR H. T. W. MATTHEWS

Divisional Nursing Officer :

MISS S. H. KESTIN

Deputy Divisional Nursing Officer :

MISS V. NICHOL

Chief Clerk :

MRS M. E. SCOTT

Deputy Chief Clerk :

MRS E. TRINDER

Secretary to Divisional Medical Officer :

MRS S. TYTLER

Ophthalmologist :

DR S. ANANDARJAN

Psychiatrists :

DR R. M. GABRIEL

DR O. ROPER

Audiologist :

DR M. V. BICKERTON

Home Help Organiser :

MRS O. M. BENTON

Health Visitors and Nursing Staff:

MISS B. ARMITAGE
MISS M. E. AYLETT
MRS I. BAGGS
MISS W. M. BALDWIN
MRS P. BALL
MRS S. O. BALL
MRS K. BARRATT
MRS E. BATES
MISS A. E. BEMMENT
MISS V. M. BENNETT
MRS S. BENTLEY
MISS N. BUMFREY
MISS A. M. BUNTON
MRS D. M. BURGESS
MISS J. M. BUTLER
MRS M. CARNEY
MISS E. CHAYTOR
MRS A. K. M. CLOWSER
MISS J. CREW
MISS E. COLLIER
MRS D. COOPER
MISS E. M. COOPER
MISS G. CRISP
MRS M. B. M. CRISP
MRS P. J. CROSSKELL
MRS E. G. DICKINSON
MRS J. DOYLE
MISS W. P. DUDLEY
MRS M. EDWARDS
MRS V. M. FRASER
MRS I. M. FUTTER
MRS H. GILCHRIST
MRS V. S. GARDNER
MISS P. GHADIMI
MRS H. B. GRANT
MRS D. GROSE
MISS E. R. HAGUE
MRS A. M. HALL
MRS G. E. HARVEY
MRS C. HENDERSON
MISS M. L. HIBBERT
MRS H. HOLDING
MRS J. HOOK
MISS R. P. HULKS
MRS N. JARVIS
MRS C. KAY
MRS M. C. KEMP
MRS G. W. KIRBY
MRS J. KING

MRS M. W. KLIENER
MISS M. E. LANE
MRS M. LANHAM
MISS J. LENTIEUL
MISS M. MACARTHUR
MRS S. E. MASSEY
MISS E. M. McCLAY
MRS E. A. M. McGRAA
MRS L. M. MCINTYRE
MISS F. D. McNAMARA
MRS Z. E. MILLS
MISS K. MUGGERIDGE
MRS J. I. NICHOLLS
MRS J. NOAKES
MRS C. NUTT
MRS J. OYEFESO
MISS A. D. PHILLIPSON
MISS A. PHIPPS
MISS C. Y. POON
MISS E. L. READ
MISS F. REDKNAP
MRS D. M. RENDLE
MRS H. J. RICHARDS
MRS D. ROBBINS
MRS E. ROGERS
MRS F. B. RUSSELL
MRS M. P. SAYER
MISS N. SCRIVENS
MISS S. SEAL
MRS S. SELVES
MISS M. E. SHELLS
MRS D. M. SICKLER
MISS D. M. SISMAN
MISS J. M. STEER
MRS D. A. STEPHENS
MISS E. STOBA
MISS M. TILEY
MISS D. M. TOLCHARD
MISS P. M. TOMKIES
MISS D. B. WAGLAND
MRS M. J. WALL
MRS D. WARNER
MISS M. WELLS
MISS E. F. WILKINSON
MRS B. M. WOOD
MISS M. WOOD
MRS V. WORRALL
MRS A. V. WRIGHT

Orthoptist :

MRS D. BOTTOMS

Speech Therapist :

MRS M. EVESHAM

Training Centre Supervisors :

MRS A. HOWIE

MR J. POWER

Mental Welfare Officers :

MR A. E. NWOSU

MISS M. Z. WALKEY

MISS E. M. MORRIS

MR J. W. CRICK

MRS J. SMITH

MISS P. M. WHITE

Part-time Chiropodists :

MR W. D. CRAWFORD

MRS M. W. READ

MR R. W. HAWKES

MR A. SHEPHERDSON

MR R. HULKS

MR A. H. STEER

MR T. S. McCONNELL

MISS K. M. TANSLEY

MR A. E. READ

MRS S. A. TOPHAM

Sectional Clerk :

MISS F. E. FOSSETT

Clerks :

MRS J. CLARK

MRS J. R. RENDO

MISS S. DANIELS

MISS C. M. J. SPENCER

MRS J. HESSEY

MRS P. THIRLWELL

MISS C. HARVEY

MISS A. TULEY

MISS J. HOWELL

MISS S. J. WARNER

MRS B. E. HUGHES

MRS E. WIGG

MRS D. LEWIS

Child Guidance Secretary :

MISS P. J. WALLER

Home Helps :

Fifty-four Home Helps

LOCAL HEALTH AUTHORITY SERVICES

CARE OF MOTHERS AND YOUNG CHILDREN—SECTION 22

ANTE-NATAL CLINICS:

I.W.C., Pinnocks Lane, Baldock	...	Monday, 2.30-3 p.m.
G.P. Surgeries, Hitchin	...	Friday, 2-4 p.m. Tuesday, 1.30-4 p.m.
G.P. Surgeries, Letchworth	...	Thursday, 2-4 p.m. Tuesday, 2.15-3.15 p.m.
G.P. Surgeries, Royston	...	By arrangement
G.P. Surgeries, Stevenage	...	Mondays and Fridays, 2-4 p.m.

ATTENDANCES:

Clinic						No. of patients who attended	No. of attendances
Baldock	...	...	...	...	...	67	67
Hitchin	...	...	...	...	...	177	277
Letchworth	...	...	...	...	...	300	768
Royston	...	...	...	...	...	18	27
Stevenage	...	...	...	...	...	709	7,383
<i>Total</i>	...	...	...	...	...	1,271	8,522

Antenatal care is carried on by midwives and general practitioners. There were 2,866 live and stillbirths in the divisional area in 1966.

ANTE-NATAL INSTRUCTION CLASSES:

Clinic						No. of attendances
Baldock	...	...	...	...	...	102
Hitchin	...	...	...	...	...	333
Letchworth	...	...	...	...	...	277
Royston	...	...	...	...	...	389
Stevenage	...	...	...	...	...	1,160
<i>Total</i>	...	...	...	...	...	2,261

FAMILY PLANNING CLINICS

The Hitchin branch of the Family Planning Association have the use of the Hitchin clinic. Sessions are held on:

- Tuesdays: 1.30-3 p.m.
(except August and Christmas and Easter Week)
- Wednesdays: 7-8 p.m.
(second and fourth in each month, including August)
- Thursdays: 9.30-10.30 a.m.
By appointment only

The Association is shortly to commence a session each week at the Letchworth Clinic.

INFANT WELFARE CLINICS

I.W.C., Pinnocks Lane Baldock	Wednesday 2-4 p.m.	Dr S. J. Moynihan
I.W.C., Bedford Road Hitchin	Mondays & Fridays 2-4 p.m.	Dr D. M. Batty
Community Centre Woolgrove Road Walsworth, Hitchin	2nd & 4th Wednesdays 2-4 p.m.	Dr H. I. L. Hall
Oakfield Estate (Mobile) Hitchin	2nd Thursday	Dr D. M. Batty
I.W.C., Nevells Road Letchworth	Mondays & Thursdays 2-4 p.m.	Dr S. J. Moynihan
Community Centre Middlefields, Letchworth	2nd & 4th Mondays 2-4 p.m.	Dr H. I. L. Hall
I.W.C., Lady Dacre Room Market Hill, Royston	1st Tuesday 2-4 p.m.	Dr E. E. Walton
I.W.C., Southgate Stevenage	Mondays & Thursdays 2-4 p.m.	Dr P. T. Horder
I.W.C., 27 High Street Stevenage	Tuesday 2-4 p.m.	Dr H. I. L. Hall
Lodge Farm Health Annexe off Mobsbury Way Stevenage	Monday, Wednesday & Thursday 2-4 p.m.	Dr P. T. Horder
Peartree Health Annexe off Hydean Way Stevenage	Tuesday & Wednesday 2-4 p.m.	Dr A. T. Leaver
I.W.C., St Peter's Broadwater, Stevenage	Friday 2-4 p.m.	Dr H. I. L. Hall
I.W.C., Merchant Taylor Further Education Centre Ashwell	3rd Friday 2-4 p.m.	Dr S. J. Moynihan
I.W.C., Barkway (Mobile)	2nd Monday 10 a.m. to midday	Dr D. M. Batty
I.W.C., Baptists' School Room, Breachwood Green	2nd Thursday 2-4 p.m.	Dr D. M. Batty
I.W.C., Cockernhoe (Mobile)	3rd Wednesday 10 a.m. to midday	Dr D. M. Batty
I.W.C., W.I. Hut High Street, Codicote	2nd Thursday 2-4 p.m.	Dr D. M. Batty
I.W.C., Holwell (Mobile)	1st Monday 10 a.m. to midday	Dr D. M. Batty
I.W.C., Memorial Hall Hall Lane, Kimpton	4th Monday 2-4 p.m.	Dr D. M. Batty
I.W.C., Ickleford (Mobile)	3rd Wednesday 2-4 p.m.	Dr D. M. Batty
I.W.C., Village Hall Great Offley	1st Thursday 2-4 p.m.	Dr D. M. Batty
I.W.C., Sandon (Mobile)	1st Wednesday 10 a.m.-midday	Dr D. M. Batty
I.W.C., Weston (Mobile)	1st Friday 10 a.m.-midday	Dr S. J. Moynihan
I.W.C., Whitwell (Mobile)	4th Thursday 2-4 p.m.	Dr D. M. Batty

Clinic	Children Born in 1966	Children Born in 1965	Children Born in 1961-64	No. of Attendances
Baldock	104	108	245	1,704
Hitchin	469	441	532	5,752
Letchworth	443	316	334	6,462
Royston	144	150	120	1,909
Stevenage	1,143	976	837	16,495
Hitchin Rural	269	281	333	3,518
TOTAL ...	2,572	2,272	2,401	35,840

Attendances at infant welfare clinics continue to increase and reflect the general need for such local health authority provision. The large number of clinics which are required over an area often rural in nature, impose a burden on staffing due to the increasing difficulties in the recruitment of medical and nursing staffs.

Attendances at clinics are kept constantly under review in certain areas in order that where a need is not being met changes can be made. In general, clinics provide facilities for routine examinations at varying ages and for immunisation and vaccination. Sessions are held for antenatal and instruction purposes.

The recommended range of proprietary foods is on sale. I am indebted to the W.R.V.S. and other voluntary helpers for their services in this respect.

No new clinics were completed during the year. A new mini-clinic or school annexe will be completed in Letchworth in 1967 and will be used until a multi-purpose clinic is built on the Jackmans Estate. This will provide accommodation for three general practitioners in addition to the full range of local health authority services.

It is not expected that in normal circumstances new clinics solely for health authority use will be erected. New clinic building will most probably include provision for general practitioners. The objections among the latter to the concept of health centres have now diminished, and the tendency over the whole country is to the grouping of all community health services.

PREMATURE INFANTS

A premature infant is one which weighs $5\frac{1}{2}$ lb. or less at birth. Observations on the risks of prematurity are included elsewhere in the discussion on divisional vital statistics.

There were 126 premature births in the division, seven were twins, 14 were stillborn; 15 per cent were born at home and 85 per cent in hospital; nine premature babies died in the first four weeks of life, eight in hospital.

PREMATURE INFANTS BORN IN 1966

District	Born Alive			Stillbirths			No. removed to hospital after Birth	Died under 28 days			No. who survived 28 days		
	At Home	In Hospital	Total	At Home	In Hospital	Total		At Home	In Hospital	Total	Born at Home	Born in Hospital	Total
Baldock ...	2	1	3	1	0	1	0	0	0	0	2	1	3
Hitchin ...	5	2 twins 19	26	1	2	3	0	0	2	2	5	19	24
Letchworth	5	16	21	0	3	3	1	1	0	1	4	16	20
Royston ...	0	3 twins 8	11	0	1	1	0	0	1	1	0	10	10
Stevenage ...	10	1 twin 44	55	0	6	6	2	0	4	4	10	41	51
Hitchin Rural	0	1 twin 18	19	0	0	0	0	0	1	1	0	18	18
TOTALS	22	113	135	2	12	14	3	1	8	9	21	105	126

CARE OF THE UNMARRIED MOTHER AND CHILD

Age Incidence

(1) Age 15-19	...	...	...	...	...	...	32
(2) Age 20-24	...	...	...	...	...	...	17
(3) Age 25-29	...	...	...	...	...	...	5
(4) Age 30-39	...	...	...	...	...	...	5
(5) Age 40 and over	...	...	...	...	...	...	2

A total of 177 illegitimate births were in fact notified by the Registrar General during 1966.

DAY NURSERIES

Section 22 of the National Health Service Act of 1946 empowers local authorities to provide or aid the provision of day nurseries for children under five. Parents are expected to make payments according to their means. The Nurseries and Child Minders' Regulation Act of 1948 authorises the keeping of registers of day nurseries and their supervision by local health authorities. Admission of children to this single day nursery in the division have to be carefully regulated and certain categories for admission have been established; these categories are as follows:

- children of widows or widowers
- children of unmarried mothers
- children of deserted wives or husbands
- children of parents in prison
- children of parents suffering from chronic illness or disablement
- temporary cases, for example, mother's illness or confinement
- children recommended by doctor or health visitor for temporary help
- children of parents coming within the " Essential Services " categories; for example, teachers and nurses (Local Committee Members' approval required)
- children living in bad housing conditions
- children of families where there was a risk of break-up in family

The Noel Day Nursery has places for 40 children and the average daily attendance throughout the year was 35.

MIDWIFERY—SECTION 23

Thirty-nine midwives, 32 part-time, were employed in the divisional area at 31st December, 1966. It is gratifying, in view of the national shortage of practising midwives, to know that midwives can be recruited and retained in this area. The average number of confinements attended by each midwife during 1966 was 31. All midwives are authorised to use their private motor cars on official business and the County Council in common with other local authorities operate an assisted car-purchase scheme for staff classified as " essential users."

Post-graduate courses were arranged for those members of the staff who were required to attend in accordance with Section B of the Rules of the Central Midwives Board—six midwives attended these courses.

All midwives are provided with gas and air apparatus, or trilene if specially required. Gas and air is being gradually replaced by entonex—gas and oxygen.

Of the 2,833 live and still births in the division during 1966 the district midwives delivered 1,113 babies—44 per cent of all deliveries, therefore, were domiciliary. The Cranbrook Committee in its report on the maternity services recommended that provision should be made for 70 per cent of all mothers to be confined in hospital. Midwives also attended 245 mothers who were discharged from hospital within 48 hours; 1,132 were discharged from hospital after this period. The proportion of early discharges was 21 per cent. This figure would appear to be abnormally high. The Annual Report of the Chief Medical Officer of the Ministry of Health for 1965 reported that 9.8 per cent of mothers in this Regional Hospital Board Area were discharged within 48 hours. Only the Sheffield Regional Hospital Board approached the North Hertfordshire Area percentage of early discharges with 19 per cent. The 1966 percentages will be of interest.

DOMICILIARY MIDWIFERY

ANTE-NATAL:

Visits to Expectant Mothers	13,113
Home Condition Reports for Hospital ...	471
Ante-Natal Session—Local Authority ...	156
Ante-Natal Session—General Practitioner ...	821
Deliveries—Home	1,113
Total—Live and Still-births	2,490
Percentage Home Confinements	44%

EARLY HOSPITAL DISCHARGES:

Within 48 hours	245
After 48 hours	1,132
Percentage Early Discharges	21%

HEALTH VISITING—SECTION 24

The attachment of all health visitors together with district nurses and midwives to general practitioners was completed during 1966.

The attachment is intended to increase the efficiency of both local health authority and family doctor services. The scheme is on the whole working satisfactorily and I append typical comments from health visitors:

“ I find these meetings useful in that I have got to know the doctors personally instead of just as a voice over the telephone. In general I find that family doctor liaison has made little

difference in my day-to-day visiting. I think that the benefits from family doctor liaison will be more apparent in the next few years."

" We feel that this liaison is essential and that it is working quite well. We have found no difficulty in covering the visiting because the doctors confine their practise to the immediate area."

" In this group practice with three doctors, I find it impossible to visit adequately all the families on the list. I still feel a special tie with the small area I visited before the attachment, and tend to feel that I am wasting my time travelling longer distances, especially if the person in question is out when I get there. I also find in these three areas that I know nobody and nobody knows me. In school work we shall soon find that we no longer know all the children and their home backgrounds."

" Doctors are more approachable and are getting to know us better. We do not however know the people the same; with a block area you know everyone and if anything unusual happens you are aware of it. We cannot keep track of the floating population."

" Local authorities' and general practitioners' services are now brought closer together to the mutual advantage of the doctors, health visitors and above all the patient. The general public are increasingly aware of the co-operation between general practitioners and health visitors, and from the health visitor's point of view work is more interesting. The doctors with whom I work find the liaison to their advantage. I have less time to give to routine visits. I have a larger area of ground to cover and visits have become more selective."

" More understanding between doctor and health visitor and so better help is given to people. More spread-out area and ineffective visits are very time-consuming."

The attitude appears to be generally favourable. The most common fear expressed by health visitors before attachment was that less would be known about a particular school than before. Some also found problems in getting to know new families and in passing on their old ones to new health visitors. In particular cases, more travel was involved and less visits could be carried out.

HEALTH VISITING

Child Welfare	...	...	Visits	...	...	38,621
Aged	...	...	Visits	...	...	2,532
Others	...	...	Visits	...	...	7,461
School Inspections	...	...	Sessions	...	...	1,645
Maternity and Child Welfare	...	...	Sessions	...	...	2,297
Others	...	...	Sessions	...	...	6,493

HOME NURSING—SECTION 25

The staff of the home-nursing service in the division at 31st December, 1966, consisted of 39 full-time nurses and 33 part-time. The staff who are able to drive cars are either authorised to use their own vehicles on official business or have been provided with County-owned motor vehicles.

The home nurses and health visitors are often instrumental in arranging financial relief for patients through such agencies as the National Society for Cancer Relief and the Marie Curie Fund. One patient was helped by the latter in 1966 and all of the others were referred to the National Society for Cancer Relief whilst in hospital. I am grateful for the help which we receive from these voluntary organisations.

A Night Nursing Service has been established, and two State Enrolled Nurses have been employed for this purpose. The strain experienced by relatives in nursing terminal illnesses can be relieved by the provision of a nurse. Seventeen patients were attended in 1966 and a total of 71 visits were paid.

The following are statistics relating to the work of the home nurses in 1966. It will be seen that they made 45,308 visits to 1,949 patients. Nearly half of the patients nursed were aged 65 or over and they were visited on 32,580 occasions—72 per cent of all visits were, therefore, made to this age group. The overwhelming proportion of the work of the district nurse is now concerned with the over-65's and this is reflected in the increasing proportion of local authority costs for this age group. This disproportionate expenditure will continue to rise as the number of aged increases.

HOME NURSING

Classification	No. of Cases Attended	No. of Visits Made
Medical	1,437	38,266
Surgical	464	6,933
Tuberculosis	2	48
Other	46	61
TOTALS	1,949	45,308
Patients included above who were aged 65 or over	933	32,580
Children included above who were 5 or less ...	50	403
G.P. Surgery	Sessions	843
G.P. Surgery	Treatments	1,749

VACCINATION AND IMMUNISATION — Section 26

Smallpox Vaccination

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	28	-	3	-	5	1	-	2	-	3	-	5	4	-	7	1	2	1	2	6	17	49	43	
Hitchin U.D.C.	41	-	142	-	42	-	14	-	8	2	3	5	-	-	-	4	2	4	1	3	1	4	2	15	256	37
Letchworth U.D.C.	6	-	384	-	40	2	22	2	10	2	10	-	1	1	-	2	3	7	2	3	-	2	4	16	482	37
Royston U.D.C.	4	-	63	-	17	-	9	-	-	3	1	-	-	-	-	-	-	-	-	1	-	-	-	2	94	6
Stevenage U.D.C.	17	-	541	-	160	-	80	3	26	11	11	14	9	16	7	19	4	20	10	21	3	16	26	94	894	214
Hitchin R.D.C.	10	-	68	-	24	-	7	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	4	-	116	-
TOTAL	78	-	1,226	-	286	2	137	6	46	20	25	22	10	22	12	29	9	38	14	30	6	24	42	144	1,891	337

Diphtheria, Whooping Cough, Tetanus Immunisation: Triple

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	42	-	62	27	1	39	-	5	1	2	-	1	2	9	-	-	-	-	-	-	-	-	-	-	108	83
Hitchin U.D.C.	207	-	197	107	8	85	6	11	4	10	7	70	3	18	-	7	-	4	-	4	1	2	1	-	434	318
Letchworth U.D.C.	164	-	200	96	13	142	12	16	2	5	1	28	2	1	1	3	1	1	-	-	-	-	1	-	397	292
Royston U.D.C.	81	-	73	27	3	54	3	5	4	3	1	21	-	4	-	1	-	-	-	-	-	-	-	-	165	115
Stevenage U.D.C.	547	-	622	271	32	397	16	24	11	25	8	254	3	45	3	17	-	9	2	6	1	4	2	2	1,247	1,054
Hitchin R.D.C.	59	-	83	36	14	43	1	9	1	9	-	30	1	8	-	3	-	4	-	1	-	-	-	-	159	143
TOTAL	1,100	-	1,237	564	71	760	38	70	23	54	17	404	11	85	4	31	1	18	2	11	2	6	4	2	2,510	2,005

Note.—No cases of diphtheria have been reported for some time. It is of the utmost importance that immunity to these diseases should be maintained at a high level.

Diphtheria and Tetanus Immunisation

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL		
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	
Baldock U.D.C.	-	-	2	5	1	9	3	1	1	8	3	72	-	22	5	7	-	2	2	2	2	-	4	-	3	17	135
Hitchin U.D.C.	11	-	9	14	2	22	2	2	1	5	2	120	8	32	6	7	4	7	1	9	1	-	3	3	50	221	
Letchworth U.D.C.	-	-	2	16	2	6	2	4	3	7	-	238	1	69	1	16	1	9	2	11	1	2	5	5	20	383	
Royston U.D.C.	-	-	7	17	1	6	3	-	1	6	2	63	-	5	2	2	1	1	1	1	2	-	1	1	21	102	
Stevenage U.D.C.	13	-	26	18	2	29	8	11	7	25	7	405	3	106	3	28	1	18	1	8	2	4	3	2	76	654	
Hitchin R.D.C.	-	-	7	-	1	6	2	-	2	6	-	63	3	17	-	4	1	2	1	1	1	1	1	1	18	101	
TOTAL	24	-	53	70	9	78	20	18	15	57	14	961	15	251	17	64	7	39	8	32	7	11	13	15	202	1,596	

Tetanus Immunisation

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	2	-	1	-	1	-	-	2	-	7	6
Hitchin U.D.C.	-	-	-	-	-	-	-	-	-	-	-	2	3	-	3	2	3	1	3	1	1	-	-	1	13	8
Letchworth U.D.C.	-	-	-	-	1	1	1	-	1	1	1	3	2	3	4	12	3	3	1	6	4	4	18	11	36	44
Royston U.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	14	6	15	6
Stevenage U.D.C.	-	-	-	-	-	-	-	1	-	-	-	1	2	4	6	6	6	2	3	-	-	-	4	3	21	15
Hitchin R.D.C.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1	-	-	1	-	3	-	4	5
TOTAL	-	-	-	-	1	1	1	1	1	2	2	6	7	9	17	24	13	8	7	8	6	4	41	21	96	84

Poliomyelitis Vaccination

DISTRICT	1966		1965		1964		1963		1962		1961		1960		1959		1958		1957		1956		1955-50		TOTAL	
	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B	P	B
Baldock U.D.C.	37	-	75	3	6	-	7	-	3	-	2	69	-	25	1	4	1	5	-	13	-	2	-	5	132	126
Hitchin U.D.C.	127	-	332	24	51	8	22	4	12	14	21	172	12	39	4	20	5	22	4	15	3	4	3	8	596	330
Letchworth U.D.C.	163	-	245	7	41	4	13	9	10	23	7	211	6	78	2	16	2	29	1	22	-	7	15	95	505	501
Royston U.D.C.	27	-	89	2	12	8	2	-	5	4	3	74	1	12	-	5	1	2	-	2	-	-	-	2	140	111
Stevenage U.D.C.	358	-	904	39	139	15	61	7	56	42	30	571	30	159	12	40	9	80	2	45	4	14	5	31	1,610	1,043
Hitchin R.D.C.	64	-	148	2	22	4	11	-	7	4	9	84	14	33	1	10	6	14	1	5	1	1	3	6	287	163
TOTAL	776	-	1,793	77	271	39	116	20	93	87	72	1,181	63	346	20	95	24	152	8	102	8	28	26	147	3,270	2,274
SALK Hitchin U.D.C. TOTAL	-	-	15	-	9	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	25	-
QUAD Letchworth U.D.C. TOTAL	-	-	7	1	2	2	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	10	5

POLIOMYELITIS VACCINATION

Vaccination against poliomyelitis is now performed almost entirely by the use of Sabin oral vaccine. The old Salk vaccine given by injection should be discontinued. Three doses of vaccine by mouth are now given in the first year of life, followed by a booster dose at the age of three years.

The vaccination rate in this division is satisfactory and approaches the national average of 65 per cent.

Since the use of vaccines, deaths from poliomyelitis have been remarkably reduced. In 1965 only three deaths occurred from this cause and none had been vaccinated. This represented the lowest mortality yet recorded.

AMBULANCE SERVICE—SECTION 27

No. of patients conveyed...	...	...	...	62,746
No. of journeys	...	...	...	18,066
Total mileage				442,946
DETAILS OF JOURNEYS:				
Accidents	...	...	...	1,596
Sudden Illness	...	...	...	487
Removals	...	...	...	59,997
Maternity	...	...	...	666
Total				62,746

The divisional area is served by the County Ambulance Station at St George's Way, Stevenage. The Area Supervisor is Mr Sweetman who has kindly supplied the above statistics.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE—
SECTION 28

NURSING EQUIPMENT IN THE HOME

Issue of various forms of nursing equipment were made in 1966. These items included back-rests, bedpans, urinals and bed blocks.

A small stock of smaller items of equipment is stored at the Divisional Health Centre and the larger items are stored at County Hall.

Every use is made of disposable items of equipment such as incontinence sheets and pants for incontinent patients, and plastic syringes and disposable needles.

Enuresis alarms are made available for use with children who are habitual bed-wetters on medical recommendation.

CHEST CLINIC

HEALTH VISITING:

Tuberculosis Households	Visits	...	...	564
B.C.G. Follow-up ...	Visits	...	...	95
Contacts ...	Visits	...	...	273
Non-tuberculosis ...	Visits	...	...	246

TUBERCULOSIS AFTER-CARE

The divisional area is served by the chest physician, Dr N. MacDonald. Excellent co-operation is maintained.

Miss McArthur, the tuberculosis health visitor, attends the chest clinic. The tuberculosis health visitor is concerned with arrangements for after-care and the resolution of any problems experienced by patients on their discharge from hospital. A particularly important duty of the health visitor is the tracing and visiting of contacts. Such contacts are encouraged to visit the chest physician as a precautionary measure. There were 134 contacts traced by the health visitor.

Details of the routine skin testing and B.C.G. vaccination programme are given in the School Health Service report.

All school children aged 12-13 years are now offered this protection in the division. All negative reactors receive a protective vaccine against tuberculosis and those children who show a marked reaction to the skin are referred for investigation to the Chest Clinic.

I am indebted to Dr MacDonald the chest physician for his help in this service during the year.

CYTOLOGY CLINIC

"WELL WOMAN" CLINIC—FROM AUGUST TO DECEMBER 1966

Hitchin	...	Second and fourth Wednesdays, a.m.
Letchworth	...	First and third Tuesdays, a.m.
Stevenage	...	Thursday, a.m., and Friday, p.m.

Number of women attended:	Hitchin	...	...	91
	Letchworth	...	...	106
	Stevenage	...	...	248
	Total	...	...	445
Results of Tests:	(a) Negative	...	...	433
	(b) For retest	...	...	12
	(c) Subsequent attendances	...	...	12
	Results of Retests	Negative	...	12

CHIROPODY

SUMMARY OF TREATMENTS

District	No. of Patients Treated			Approximate Treatments per Year
	Domiciliary	Non-Domiciliary	TOTAL	
Baldock ...	33	72	105	735
Hitchin ...	148	164	312	2,184
Letchworth ...	67	219	286	2,002
Royston ...	47	62	109	763
Stevenage ...	139	204	343	2,401
Hitchin Rural ...	136	148	284	1,988
TOTALS ...	570	869	1,439	10,073

39 per cent of patients were treated at home

NATIONAL ASSISTANCE ACT 1948—SECTION 47

This section of the Act is concerned with the compulsory removal of persons in need of care from their homes on a Court Order, or in emergency on an Order signed by two medical practitioners and a Justice of the Peace. Such a person may be removed to a county home or hospital provided that all sections of the Act are satisfied.

It was not necessary to take any action under this section in 1966.

MEALS ON WHEELS

Meals on Wheels Services were in operation in all parts of the division in 1966. Under the provisions of the scheme meals are provided to people suffering from malnutrition or who are unable to cook their own meals due to disability or infirmity.

District	No. of Persons	Frequency	Total Meals
Baldock ...	11-18	Twice weekly	1,433
Hitchin ...	50	Three times weekly	150 per week
Letchworth	50	Twice weekly	2,673
Royston ...	29	Twice weekly	1,491
Stevenage ...	55-62	Three times weekly	5,951
Hitchin Rural	59	Each day	3,719
TOTALS...	268		15,417

HEALTH EDUCATION

Health education is a transfer of what is known about health; it is the attainment of desirable individual and community behaviour patterns by means of the education process. The basic needs of a health education problem may be summarised as: obtaining the basic information, the recognition of the need for a change in the behaviour of the individual and the knowledge of the means for carrying this out by education methods. This may be compared with the teachings of Buddha whose thesis was as follows, "unhappiness exists in the world, a cause for this exists, the cause is removable, by what means can this cause be removed?" It is important in any health education programme to consider the health needs and the characteristics of the people for whom the programme is intended; many programmes have failed because of this lack of fundamental understanding.

In general, health education in the public health field is carried out in the following ways:

(1) *Individual teaching by physicians, etc.*

The patient is most receptive at the time of illness. By general practitioners and local health authority staffs.

(2) *Group teaching*

For example in maternity and child welfare, village groups, civic organisations and hospitals.

(3) *Health information services*

This is perhaps the most common method and employs films, newspapers, the B.B.C., pamphlets, etc.

It is most important that these services should be suitable for the particular audience. A useful aphorism for all those concerned in health education problems is:

"If I hear it I forget, if I see it I remember, if I do it, I know."

The health education programme in this division includes the teaching of mothercraft and general hygiene to many of the secondary modern, comprehensive and grammar schools. Relaxation classes are especially valuable for the special teaching of expectant mothers. Health education is a routine part of the work at all Infant Welfare Clinics.

A total of 37 teaching classes were held in the division in 1966. Talks on the following subjects were given in various schools, both junior and senior; personal hygiene, mothercraft, home safety, first aid and minor ailments, film strips, film slides, flannelgraphs, posters and leaflets were used. In one area of the division talks are given to the parents by the health visitors while the children are awaiting medical inspections. An experimental syllabus was arranged at one junior school and included under the general heading "rules of health," care of eyes, teeth, skin and hair; need for fresh air and exercise; the value of adequate rest and a good diet. Personal

hygiene was stressed, and talks on menstrual hygiene were given to the mothers and girls. The age groups involved were the two top classes of eleven-year-old boys and girls.

No specific health education campaigns were undertaken during 1966.

DOMESTIC HELP SERVICE—SECTION 29

Number of Home Helps employed at 31st December, 1966, part-time	...	54
Number of Good Neighbours employed at 31st December, 1966, part-time	...	14

GROUPS RECEIVING ASSISTANCE:

	No. of Cases	No. of hours given
(1) Maternity (including expectant mothers)	109	2,656
(2) Chronic Sick—		
(a) aged 65-plus	363	35,716
(b) aged under 65 and T.B.	49	
(3) Others	39	
including—		
(a) Mental Health		50
(b) Tuberculosis		43
(c) Blind		3,891
(d) Miscellaneous		92
Acute Cases		614
Accidents		259
Totals	560	43,321

Sixty-five per cent of cases helped during 1966 were over 65 and 82 per cent of total hours given was to this group. In contrast 20 per cent of cases were maternity absorbing only 6 per cent of total hours.

These figures represent a nationally well marked and unavoidable trend.

It should be remembered that the domestic help service began in 1918 for maternity cases and was extended during the 1939–45 war to include the old and chronic sick. Its purpose however was still mainly directed to the care of the mother and child. Over the country as a whole today 92 per cent of the service is devoted to the care of the aged; and since 1949 the amount of help given to mothers has proportionately decreased. Constant price expenditure on the care of the latter has actually fallen in spite of an increase of 17 per cent in the number of births each year.

The total cost of the domestic help service has increased by 305 per cent since 1949 and is surpassed only by the increase in the cost of mental health (423 per cent). This is due to the very great increase in the total number of part-time home helps, the number of whole-time helps having decreased. Such an increase is the more remarkable because of the purely permissive character of this local health authority function and demonstrates the direction in which local health services are being obliged to develop. A recent survey,

for example, has suggested that the needs of the aged are not being fully met.

In our natural sympathy for old people, however, we should not forget the importance of mothers and young children to the future; nor should we attempt to replace the family and thus endanger it as a social unit.

The number of domestic helps employed in this division is clearly inadequate (54). Recruitment is extremely difficult owing to the ready availability of employment for women in this area.

The Home Help organisation constantly endeavours to attract women to the service.

SCHOOL HEALTH SERVICE

During the sixty years of its existence the school health service has undergone many changes of emphasis. The Education Act of 1907 empowered Education Authorities to provide medical care for school children. This Act followed the work of an inter-departmental Committee of Physical Deterioration which sat in 1903. The disclosures of the Army Recruiting Office during the second Boer War had revealed that from 48 to 60 per cent of all recruits were physically unfit for army service. The years that followed the passing of this Education Act included the treatment of minor ailments and defects, the improvement of nutrition and the care of all types of handicapped children. The Royal Commission in 1889 had recommended that "feeble-minded children" who were capable of receiving education should be taught separately from the more normal pupils, and by 1899 the Elementary Education (defective and epileptic children) Act made it obligatory for all such children to be examined and assessed by a medical officer as to their suitability for education at an ordinary or special school.

The various education, mental deficiency and mental health acts which have followed the first acts have not substantially altered the principles under which the school health service works. One of the more remarkable changes during the long existence of the school health service has been the almost total disappearance of nutritional diseases. Under-nutrition has ceased to be a problem and obesity has taken its place. Most would agree that the cause of obesity in childhood is overeating by those children with a familial or hereditary tendency to store fat. In many areas it is quite clear that many children are eating two large cooked meals a day and this practice is harmful to those children with a tendency to put on weight.

The number of speech defects treated during the year continued to increase. Most were slight or moderately severe, but a minority had severe speech defects. The general shortage of speech therapists over the whole country was reflected in this division when for some little time a vacancy was not filled.

The main problems with which the division had to deal during the year were emotional and behavioural disturbances, speech and learning difficulties, respiratory disorders, epilepsy and various types of physical handicap. The infectious diseases which in the past caused the deaths of so many children are no longer a problem. It is interesting in the special schools to note the increase in the number of spina bilida cases. This would appear to be due to the survival of more babies with this condition due to modern surgical techniques.

The number of pregnancies among schoolgirls in the division, although small, should be recorded. It should be remembered that whatever the social implications of such occurrences, from a medical point of view pregnancy in girls of 15 or less is attended by some risk. During the years 1961 to 1963, four maternal deaths occurred in girls of this age group among 3,211 pregnancies.

SCHOOL HEALTH SERVICE

TABLE I

Inspection of School Children 1966:

Entrants including 8-year-olds	...	...	...	5,418
First Year Secondary	...	...	...	2,085
Last Year Secondary	...	...	...	1,678
Total	...	...	...	9,181
No. of Special Inspections	...	...	...	114
No. of Re-inspections	...	...	...	5,297
Total	...	...	...	5,411
Total Inspection	...	...	...	14,592

Physical Condition of Pupils Inspected:

Satisfactory	...	...	...	9,138
Found to require treatment	...	...	...	43
Percentage	...	...	...	.5%

The percentage of children, 0.5 per cent, found to require treatment is most satisfactory. It is, however, slightly above the national average. The difference, however, is not significant. This percentage is really quite remarkable. It reflects the improved economic and social circumstances of the country as a whole.

TABLE II

Cleanliness and Head Infestation:

Total No. examinations made for this purpose	...	...	50,545
Total No. found infested	...	...	80
Total percentage found infested	...	...	.16%

TABLE III

Care of Handicapped Children:

Whitney Wood School—E.S.N.	162 (97 boys 65 girls)
Residential School—E.S.N.	40
Residential School—Deaf or Partially Deaf	13
Residential School—Deaf E.S.N.	—
Residential School—Blind	6
Residential School—Partially sighted	8
Residential School—Delicate	5
Residential School—Cerebral Palsy	—
Residential School—Physically Handicapped, excluding Cerebral Palsy	15
Residential School—Epileptic	2
Residential School—Maladjusted	12
Mossbury Infants Special Class for partially deaf	2 girls
Mossbury J. M. Special Class for partially deaf	3 boys 2 girls
Total	270

Note: *Table II*—The percentage of children found infested was very low indeed; only 80 children out of 50,000 examined for this purpose found to be infested with *pediculosis capitis* is extraordinary. It is apparent that different methods of recording infestation are being carried out; the standard that one nit constitutes an infestation is clearly not accepted by all health visitors.

TABLE IV

B.C.G. vaccination, 13 years old and older school children:

No. of children offered testing and vaccination if necessary	2,133
No. of acceptances	1,640
Percentage of acceptance	76.9%
Pre-vaccination Tuberculin Test—	
No. Tested	1,562
Result of Test—	
No. Positive	119
No. Negative	1,443
No. Not ascertained	88
Percentage Positive	7.3%
No. Vaccinated	1,391

Note.—The percentage of children Heaf negative is higher than the national average. The percentage of acceptances is also satisfactory; no adverse reactions to B.C.G. Vaccination were reported during the year.

AUDIOMETRY

TABLE V

Number tested	...	...	...	...	...	...	618
Number with no loss	...	...	...	...	...	...	256

The consultant paediatrician for the area, Dr C. G. Fagg, is always available for consultation and I am indebted to him for his help during the year.

Dr Roper and Dr Gabriel have played a large part in the School Health Service and I am grateful to them also.

HOSPITAL SERVICES

The hospital services for the area are administered by the North West Metropolitan Regional Hospital Board with the Luton and Hitchin Hospital Management Committee.

GENERAL HOSPITAL SERVICES

North Herts Hospital
Lister Hospital

MATERNITY HOSPITAL SERVICES

North Herts Maternity Hospital

CHEST CLINIC

Lister Hospital

LABORATORY SERVICES

Public Health Laboratory, Luton & Dunstable Hospital,
Lewsey Road, Luton

Public Health Laboratory, Tennis Court Road, Cambridge

CHILD GUIDANCE CLINIC

New cases referred	...	...	...	...	...	...	...	118
Psychiatric Interviews	...	...	...	...	...	...	...	419
School Psychological	...	...	...	...	...	...	...	94
Psychiatric Social Workers (Home Visits and Clinic Interviews)	...	...	...	...	...	...	...	830

SECTION "C"

*The following report has been compiled by
the Chief Public Health Inspector*

This is my thirty-sixth and final annual report. There were no staff changes during the year and the work of the department proceeded smoothly.

Once again there was little private building and the number of completions on the Council's Jackmans housing estate (127) was lower than in 1965. There are quite a number of houses, both private and Council in the course of erection and completions during 1967 will be much higher. Improvements continue to be carried out to the properties lacking modern amenities and 10 applications for standard and 34 for discretionary improvement grants were granted. As in former years the properties occupied by Commonwealth and other foreign nationals were visited regularly and this supervision has resulted in multi-occupation being kept under control.

Caravan dwellers took up a considerable amount of time in one way and another. Routine and regular surveillance kept the number of itinerant caravan dwellers to a small number within the urban district. A considerable number of these itinerant caravan dwellers circulate in the area and at times there were groups of caravans stationed on highways and lands within close proximity to the Letchworth boundary.

The Council's residential caravan site in Orchard Way continues to be run down and only seven caravans were on the site at the end of December. The private residential caravan site received considerable attention during the year and a new licence was issued to the operator, the conditions being based on the model standards laid down by the Ministry and subject to certain improvement works being carried out by the 30th June, 1967. These works should result in a well-planned site being provided for 68 caravans.

Some complaints were received of noise nuisance, both domestic and industrial, but all were of a minor character and only informal action was necessary.

The No. 2 Smoke Control Order was approved by the Ministry with an operational date of 1st December. Although all the works of alteration and renewal were not complete at the end of the year, it was noticeable that the general condition of the atmosphere on the Grange Estate showed improvement.

There was more slaughtering at the abattoir, and this was due mainly to an increase in the number of pigs slaughtered. There is nothing untoward to report regarding condemnations, and it is significant that bovine tuberculosis infection in cattle is negligible and this infection in pigs continues to be at a low level.

Food hygiene both at place of manufacture and preparation, and at retail sale continues to receive regular attention; the public is becoming more and more food-hygiene conscious and a number of

complaints were received and dealt with, but in no case was it necessary to institute statutory proceedings.

The survey of premises coming within the provisions of the Offices, Shops and Railway Premises Act, 1963, was completed and a special report was made to the Health Committee in February. At December 1966 the majority of defects and omissions found at the time of initial inspection had been remedied. Routine visits were made throughout the year, and it can be said that the general standard is good.

During the late summer it was apparent that the rat population in the agricultural areas had increased considerably and natural conditions continued to favour this breeding. Treatments and control measures had to be accelerated, and in one instance crash treatment carried out, but the infestations in the central area of the town remained minor in character.

I desire to thank the present members of the staff for their loyal backing and to place on record my appreciation of the support I have received from Chairmen and members of the Council, and for the co-operation and assistance given so willingly by my brother officers.

SERVICES UNDER THE PUBLIC HEALTH ACTS

4. WATER

(a) The water undertakers are Lee Valley Water Co., and the local supply is from deep wells in the chalk to the east of Letchworth Gate. The supply has been satisfactory in quality and quantity.

(b) The supply is sampled bacteriologically and chemically by the Company, the samples being taken systematically throughout the year. Check samples are taken every quarter by the Council's consultant. The supply is subjected to chlorination treatment. The last report of the Company gave the fluoride content as less than 0.2 p.p.m.

(c) There is no plumbo solvent action. The supplies from the private bores and wells are kept under observation and are sampled.

(e) With the exception of Roxley Court, two houses, a petrol filling station and a cafe at Jack's Hill to the south-east, all the properties in the Urban District are provided with a direct piped supply of water from the Company's mains.

5. *Sewerage and Sewage Disposal*

The Council is giving consideration to extending the capacity of the sewage disposal works.

6. *Common Lodging Houses*

There are none within the Urban District.

7. Public Cleansing

The whole of this work is carried out under the supervision of the Surveyor. The house refuse is disposed of by "controlled tipping" in a pit at Wymondley in the Hitchin rural district.

SERVICES UNDER THE FOOD AND DRUGS ACT, 1955

8. (a) Milk supplies—*Brucella Abortus*

(i) Number of samples raw milk examined	...	...	2
(ii) Number of positive samples	...	...	Nil
(iii) Action taken	...	...	—

(b) Liquid Egg (*Pasteurisation*) Regulations, 1965

(i) Number of egg pasteurisation plants in district	...	None
---	-----	------

(c) Food Hygiene (*General*) Regulations, 1960

(i) (a) The types of food premises in Letchworth are as follows: butchers* 17; cafes, refreshment houses and snack bars* 36; confectioners 31; dairies* 2; fish shops* 4; green-grocers and fruiterers 12; grocers and provisions merchants* 28; food warehouses 4; bacon factory and meat product manufacturer* 1; school canteens* 17; factory canteens serving snacks 33, serving main meal* 31.

(i) (b) Premises registered under Section 16 of the Food and Drugs Act: sale and manufacture of ice cream 50; manufacture of sausage and meat products (preserved food) 19; registered under the Milk and Dairies Regulations, 1959, distributors 5, three with premises outside the district.

(ii) All premises are fitted to comply with regulation 16.

(iii) and (iv) Premises marked with a * are fitted to comply with Regulation 19.

(d) Poultry inspections

Processing

(i) Number of premises	...	...	...	...	1
(ii) Number of visits	...	...	...	...	67
(iii) Total number processed	...	...	(approx.)	65,000	
(iv) Types: hens and ducks					
(v) Percentage rejected	...	...	...	less than 1%	
(vi) Weight condemned	...	...	...	...	—
(vii) Koshered but not eviscerated					

FOOD AND DRUG ACTS, 1955

Number of prosecutions under Section 2	...	...	—
Number of prosecutions under Section 8	...	...	—
Total amount of fines and costs imposed	...	...	—

FOOD HYGIENE

(a) Number of offences prosecuted under Food Hygiene (General) Regulations	...	...	...	...	...	...	...	0
(b) Number of contraventions	...	...	...	...	...	...	...	56
(c) Number of contraventions remedied	...	...	...	...	...	...	...	54
(d) Number of visits and inspections	...	...	...	...	...	...	...	654

Milk Supply

One dairy farm is registered by the Ministry of Agriculture and is licensed for the production of tuberculin tested milk. There are four milk retailers, two having premises within the Urban District. All are licensed to retail tuberculin tested milk, pasteurised milk and sterilised milk. One is licensed to pasteurise and to bottle pasteurised and Channel Island (pasteurised) milk. This firm distributes milk by roundsmen throughout the area and sells bottled milk from seven establishments in the town. Nine other shops sell bottled milk.

Milk Sampling

				Raw	Channel Island Pasteurised	Pasteurised Milk	Sterilised Milk	Total	
Number taken		...	...	6	36	4 ¹	11	94	
Methylene blue test:									
Number submitted		...	...	—	36	4 ¹	—	77	
Satisfied		—	25	3 ²	—	57
Failed		—	3	1	—	4
Void		—	8	8	—	16
Phosphatase test:									
Number submitted		—	36	4 ¹	—	77
Passed		—	36	4 ¹	—	77
Failed		—	—	—	—	—
Turbidity test:									
Number submitted		—	—	—	11	11
Passed		—	—	—	11	11
Failed		—	—	—	—	—

Special Milk Samples:

Number taken	6	} Satisfactory
Antibiotic	...	...	6
Biological	...	...	2

Ice Cream Sampling

GRADE									
	I	II	III	IV	I	II	III	IV	
Soft ice cream	...	1	1	—	2	—	—	—	—
Other ice cream	1	—	—	—	28	5	1	—	—

Other bacteriological food sampling

Fish (2) ... No food poisoning organisms isolated

Food and drugs sampling

		Number of samples	Unsatisfactory reports	Legal pro-	Total No.
	Formal	Informal	Analysis	ceedings	convictions
Foods	—	69	3	—	—
Drugs	—	—	—	—	—

(ii) Details of unsatisfactory samples:

Foods	on analysis	By labelling
	1. Milk	1. Meat Product
	2. Pork Sausages	2. Honey Spread
	3. Trifle	

FOOD

(a) Meat inspection

CARCASES INSPECTED AND CONDEMNED

				<i>Cattle excluding cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and lambs</i>	<i>Pigs</i>
Number killed ... ..	...	...	...	7,125	236	183	12,536	78,290
Number <i>not</i> inspected ... ..	...	...	...	—	—	—	—	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCI								
Whole carcasses condemned ... ..	...	...	...	2	2	7	5	147
Carcases of which some part or organ was condemned ... ..	...	...	...	1,683	96	109	1,017	9,159
			%	23.6	41.5	63.4	8.1	11.8
TUBERCULOSIS ONLY								
Whole carcasses condemned ... ..	...	...	...	—	—	—	—	—
Carcases of which some part or organ was condemned ... ..	...	...	...	2	—	—	—	166
			%	0.03	0.0	0.0	—	0.2
CYSTICERCI								
Number of cases ... ..	...	...	...	56	2	—	—	—
Carcases of which some part or organ was condemned ... ..	...	...	...	11	—	—	—	—
Carcases submitted to refrigeration ... ..	...	...	...	11	—	—	—	—
Generalised and totally condemned ... ..	...	...	...	—	—	—	—	—

(b) Meat specimens examined

1. The number of meat specimens submitted to laboratories for patho- logical examinations	2
---	-----	-----	-----	-----	-----	-----	-----	-----	---

(c) Unsound food surrendered or condemned

						Tons	cwt.	lb.
1. Meat at slaughterhouse ... ..	...	...	...	...	...	49	13	8
2. Meat at wholesale premises ... ..	...	...	...	...	...	—	10	6
3. Meat at retail shops ... ..	...	...	...	...	...	—	1	26
4. Cooked Meat and meat products ... ..	...	...	...	...	...	—	1	84
5. Canned meats ... ..	...	...	...	...	...	—	8	78
6. Fish ... ..	...	...	...	...	...	—	3	20
7. Fruit and vegetables ... ..	...	...	...	...	...	7	3	44
8. Other foods ... ..	...	...	...	...	...	—	9	78
Total ... ..	...	...	...	...	...	52	11	8

Condemnations at abattoir included:

4 bovine carcasses	19 forequarters English pork
— forequarters English beef	48 hindquarters English pork
1 hindquarter English beef	8,172 lb. English pork
651 lb. English beef	5 sheep carcasses
7 calf carcasses	2 forequarters English mutton
10 lb English veal	— hindquarters English mutton
147 pig carcasses	69 lb English mutton

Slaughter of animals

Applications for licences to slaughter animals ... ..	...	...	...	...	...	21
Number of licences granted to slaughtermen ... ..	...	...	...	...	...	21
Amount of fees received ... ..	...	...	...	...	...	£1 3s. od.

FACTORIES ACT, 1961

9.							No. on Register	Inspections
Non-mechanical factories	...	...	...	...	...	...	11	20
Mechanical factories	...	...	...	...	...	...	173	81
Building operations	...	...	...	...	...	...	30	43
Workplaces	...	...	...	...	...	...	54	9
Totals	...	...	...	...	...	...	268	153
Outworkers	...	...	...	...	...	...	7	10
<i>Defects found and remedied:</i>								
							Found	Remedied
Want of cleanliness	...	...	...	...	...	...	4	4
Inadequate ventilation	...	...	...	...	...	...	2	2
Want of drainage of floors	...	...	...	...	...	...	2	2
Other nuisances	...	...	...	...	...	...	—	—
Sanitary accommodation:								
Insufficient	...	...	...	...	...	...	—	—
Unsuitable or defective	...	...	...	...	...	...	4	4
Other offences	...	...	...	...	...	...	5	5
Matters referred to H.M. Inspector of Factories	...	...	...	...	...	...	1	—
Matters referred by H.M. Inspector of Factories	...	...	...	...	...	...	4	—

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Registrations and General Inspections

Class of premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving an inspection
Offices	3	73	14
Retail shops	3	171	40
Wholesale shops, warehouses	1	9	5
Catering establishments open to the public, canteens	1	14	5
Fuel storage depots	—	3	1
Totals	8	270	65

Total number of visits of all kinds by inspectors to registered premises under the Act ... 223

Reported Accidents:

Workplace	Number reported	Total No. investigated	Prosecution	Action recommended Formal warning	Informal advice	No action
Offices	1	—	—	—	—	—
Retail shops	8	2	—	—	2	—
Wholesale shops, warehouses	—	—	—	—	—	—
Catering establishments open to public, canteens	1	1	—	—	1	—
Fuel storage depots	—	—	—	—	—	—
Totals	10	3	—	—	3	—

HOUSING

During 1966 the following premises were erected and occupied:

<i>Council Schemes</i>									
Houses and flats	...	...	...	...	...	...	...	...	127
<i>Others</i>									
Houses, flats and bungalows	...	...	...	...	...	...	...	...	4
Total	...	...	...	...	...	...	...	...	131

(i) *Standard Improvement Grants*

					Owner/ occupier	Tenanted	Council
Number of applications	...	...	...	...	3	7	—
Number granted	...	...	...	...	3	7	—
Number of dwellings improved	...	...	...	...	2	6	—
Amount paid in grants £515; average per house £57.							

(ii) *Discretionary Improvement Grants*

Number of applications	...	...	...	...	2	32	70
Number granted	...	...	...	...	2	32	70
Number of dwellings improved	...	...	...	...	2	17	27
Amount paid in grants £5,749; average per house £302.							
Total number of visits and inspections 422.							

Rents Act, 1957

Number of applications	Certificates of Disrepair	...	...	...	...	...	...	1
Number of visits	...	...	...	...	...	...	...	12

Houses in multi-occupation

Number of houses	...	...	...	...	...	...	...	98
Number of Directions issued (Section 19)	...	...	...	...	...	...	...	3
Number of Visits	...	...	...	...	...	...	...	1,358

GENERAL PUBLIC HEALTH

Noise nuisances

Number of visits and investigations	54
-------------------------------------	-----	-----	-----	-----	-----	-----	-----	----

INFECTIOUS DISEASES

Visits and Inspections

General	...	...	...	...	...	...	...	78
Food poisoning	...	...	...	...	...	...	...	15

NATIONAL ASSISTANCE ACT, SECTION 47

Number of cases (no statutory action)	...	...	...	...	...	...	...	6
Number of visits	...	...	...	...	...	...	...	52

FACTORIES ACT, 1961

This table is enclosed by a request of the Minister of Labour to indicate to Medical Officers of Health the prescribed particulars which are required by Section 153 (1) of the Factories Act, 1961, to be furnished in their annual reports with respect to matters under Parts I and VIII of that Act which are administered by the Urban District Council.

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspection (3)	Written Notices (4)	Occupiers Prosecuted (5)
(ii) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	20	2	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	173	81	9	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	2 } 28 } 54 }	52	2	-
TOTAL	268	153	13	-

2. Cases in which DEFECTS were found. (If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases.")

Particulars (1)	Number of Cases in which Defects were found				Number of Cases in which Prosecutions were Instituted (6)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	by H.M. Inspector (5)	
Want of cleanliness (S.1)	4	4			
Overcrowding (S.2) ...	-	-			
Unreasonable temperature (S.3)	-	-			
Inadequate Ventilation (S.4)	2	2			
Ineffective drainage of floors (S.6)	2	2			
Sanitary Conveniences (S.7):					
(a) Insufficient ...					
(b) Unsuitable or defective	4	4	-	4	-
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to Outwork)	5	5	1	-	-
TOTAL	11	11	1	4	-

PART VIII OF THE ACT
OUTWORK (Sections 133 and 134)

Nature of Work	Section 133				Section 134	
	No. of Out-Workers in August List required by Section 133 (1)	No. of Cases of Default in sending Lists to the Council	No. of Prosecutions for failure to Supply Lists	No. of Instances of Work in un-whole-some Premises	Notices Served	Prosecutions
(1)	(c) (2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel: Making, etc., Clean- ing and Washing Household linen ...	3	-	-	-	-	-
Lace, lace curtains and nets ...						
Curtains and furni- hangings ...						
Furniture and uphol- stery ...						
Electro-plate ...						
File Making ...						
Brass and brass articles ...						
Fur Pulling ...						
Iron and steel cables and chains ...						
Iron and Steel anchors and grapnels ...						
Cart gear ...						
Locks, latches and keys ...						
Umbrellas, etc. ...						
Artificial flowers ...						
Nets, other than wire nets ...						
Tents ...						
Sacks ...						
Racquet and tennis balls ...						
Paper bags ...						
The making of boxes or other receptacles or parts thereof made wholly or partially of paper						
Brush making ...						
Pea picking ...						
Feather sorting ...						

Nature of Work (1)	Section 133			Section 134		
	No. of Out-Workers in August List required by Section 133 (1) (c) (2)	No. of Cases of Default in sending Lists to the Council (3)	No. of Prosecutions for failure to Supply Lists (4)	No. of Instances of Work in un-whole-some Premises (5)	Notices Served (6)	Prosecutions (7)
Carding, etc., of buttons, etc. ...						
Stuffed toys ...						
Basket making ...						
Chocolates and sweetmeats ...						
Cosaques, Christmas stockings, etc. ...						
Textile weaving ...						
Lampshades ...						
TOTAL ...						

CLEAN AIR ACT, 1956

(a) DOMESTIC

1. In operation at 31st December, 1965 (two).

(i) Jackmans No. 1

Number of dwellings when estate complete	...	...	...	1,599
Acreage covered	...	...	...	198

(ii) Grange No. 2

Number of dwellings	...	...	...	1,925
Acreage covered	...	...	...	905
Number of visits	...	...	...	1,033

(b) Industrial

1. Dark smoke	...	...	Number of contraventions recorded	2
			(a) successful prosecutions	0
			(b) unsuccessful prosecutions	0
2. Furnaces (Section 3)	...		(a) notifications received	5
			(b) applications for prior approval	5
			(c) number of applications granted	5
3. Grit and dust emissions (Section 5)	...	...	(a) number of contraventions	1
			(b) type of plant involved: electrical steel converters	...
5. Height of chimneys	...		(a) number of plan submitted showing new chimneys	5
			(b) number approved	5

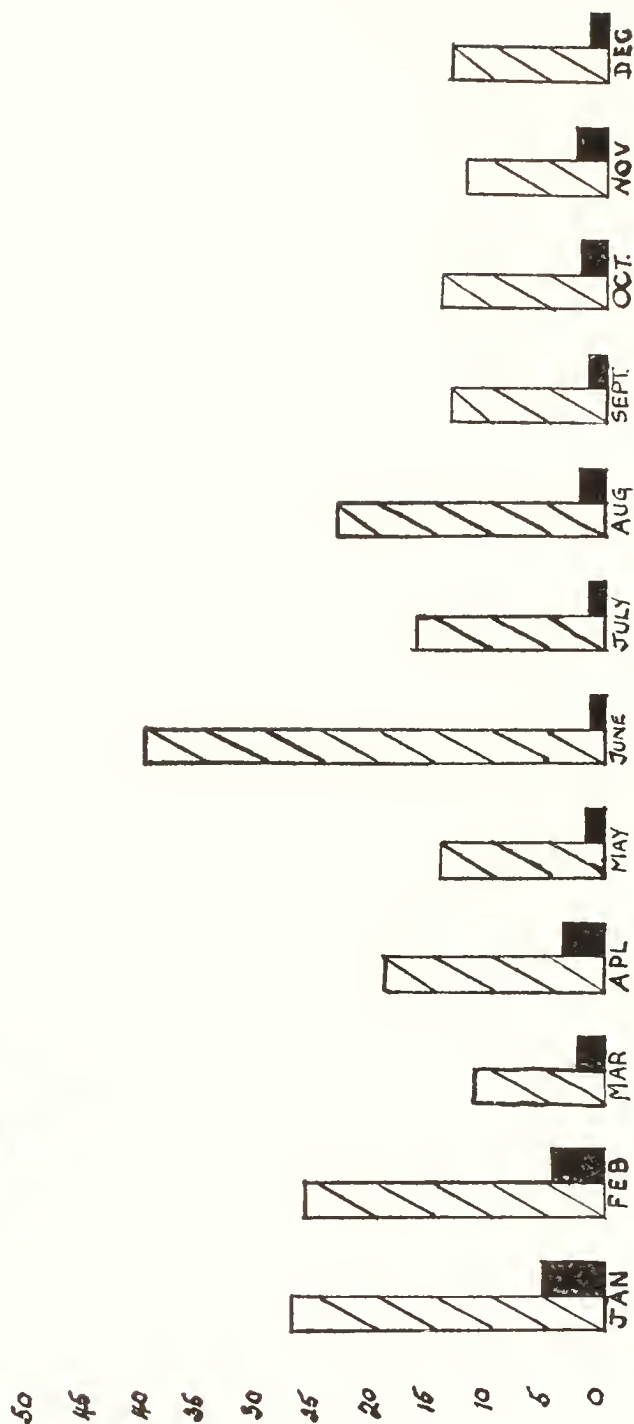
LETCHWORTH URBAN DISTRICT COUNCIL

MONTHLY DEPOSIT GAUGE RECORDINGS.

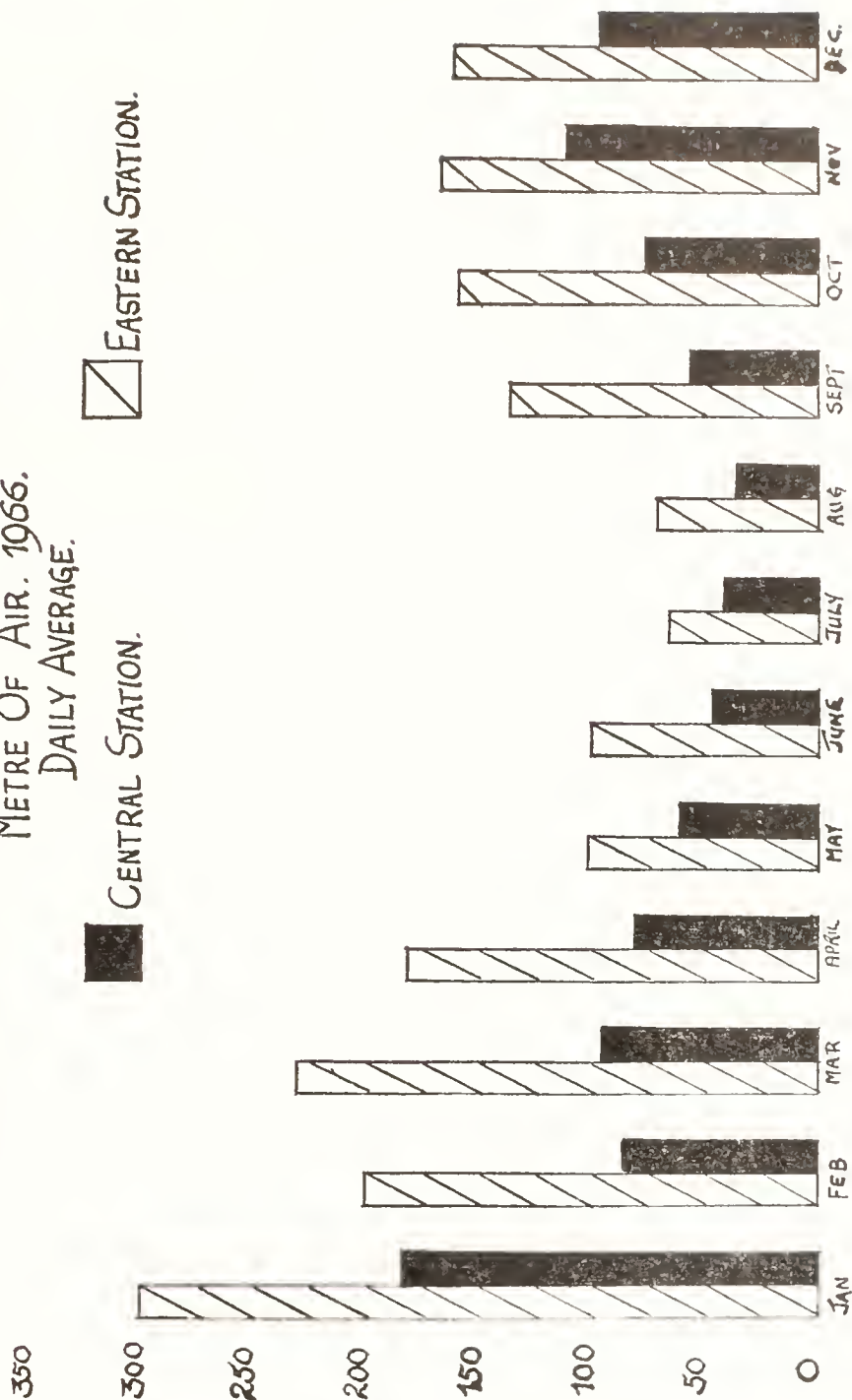
TOTAL SOLIDS IN TONS PER SQUARE MILE PER MONTH 1966.



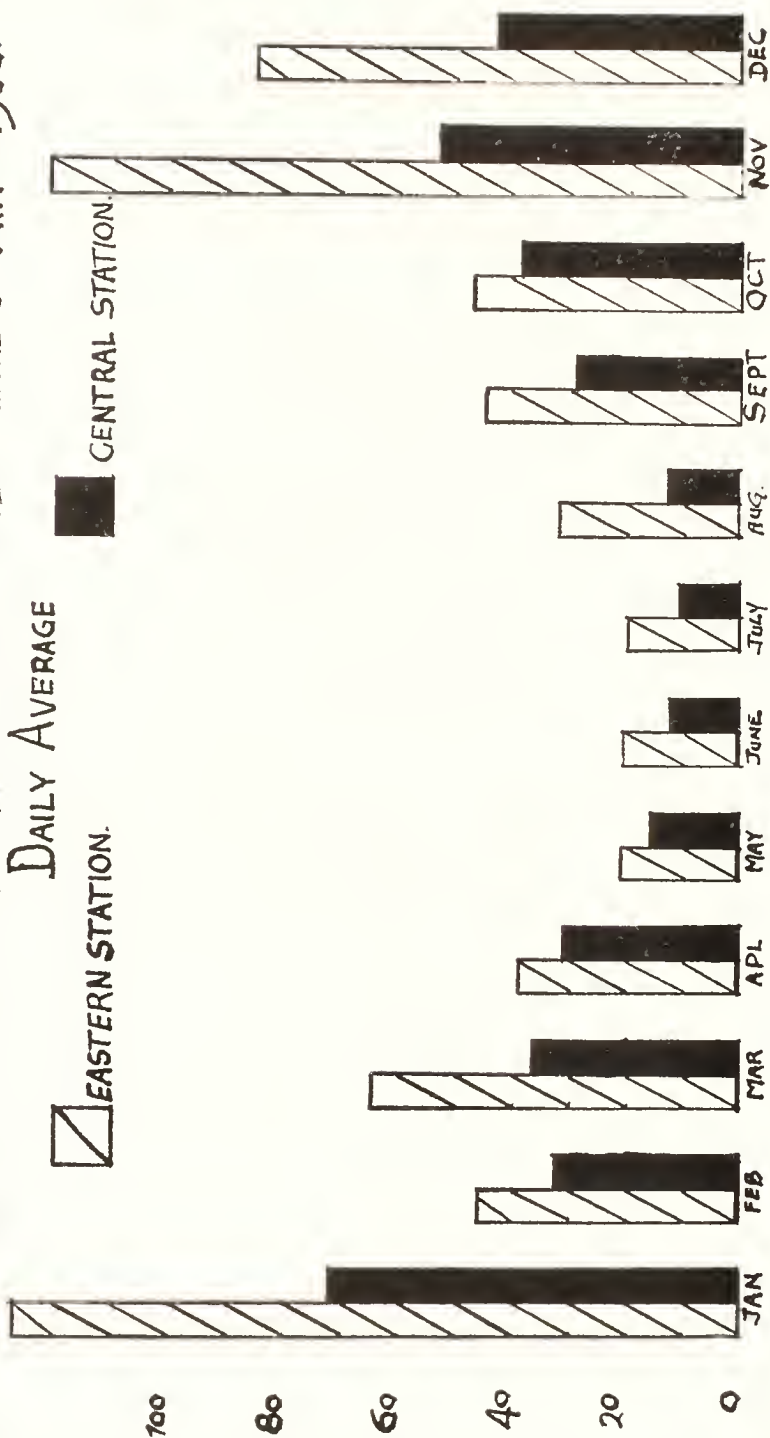
SULPHATE.



SULPHUR DIOXIDE "VOLUMETRIC" RECORDINGS IN MICROGRAMMES PER CUBIC
METRE OF AIR. 1966.
DAILY AVERAGE.



SUSPENDED IMPURITIES "SMOKE" DENSITY VOLUMETRIC RECORDING CALCULATIONS By REFLECTOMETER IN MICROGRAMMES PER CUBIC METRE OF AIR 1966.



PREVENTION OF DAMAGE BY PESTS ACT, 1949

					TYPE OF PROPERTY	
					Non-agricultural	Agricultural
1.	Number of properties in district	...	...	...	10,978	78
2.	(a) Total number of properties (including nearby premises) inspected following notification	...	...	...	282	19
	(b) Number infested by i rats	...	...	...	244	15
	ii mice	...	...	...	23	8
3.	(a) Total number of properties inspected for rats and/or mice for reasons other than notification	...	...	...	107	37
	(b) Number infested by i rats	...	...	...	80	31
	ii mice	...	...	...	15	2

Total visits *re* rodent inspection 876.

GAME LICENCES

Visits and inspections	...	...	...	...	...	...	3
Number of licences granted	...	...	...	...	...	...	6
Amount of fees received	...	...	...	...	...	...	£1 10s. od.

PET ANIMALS' ACT

Visits and inspections	...	...	...	...	...	...	5
Number of contraventions found	...	...	...	...	...	...	—
Number of contraventions remedied	...	...	...	...	...	...	—
Number of licences granted	...	...	...	...	...	...	Nil

RAG, FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Number of visits and inspections	...	...	...	...	...	...	1
Number of licences in force	...	...	...	...	...	...	1

HAIRDRESSERS AND BARBERS—BY-LAWS

Number of visits and inspections	...	...	...	...	...	...	10
Number of contraventions found	...	...	...	...	...	...	—
Number of contraventions remedied	...	...	...	...	...	...	—

SHOP ACTS (HOURS OF CLOSING, ETC.)

Number of shops on register	...	...	...	...	...	...	262
Visits and inspections	...	...	...	...	...	...	26
Number of contraventions found	...	...	...	...	...	...	1
Number of contraventions remedied	...	...	...	...	...	...	1

PETROLEUM ACTS

Visits and inspections	...	...	...	...	...	...	71
Number of contraventions found	...	...	...	...	...	...	7
Number of contraventions remedied...	...	...	...	...	...	...	7
Number of licences granted: Petroleum spirit and products	...	...	...	...	...	...	64

Amount of fees received £60 2s. 6d.

SECTION "F"—PREVENTION AND CONTROL OVER INFECTIOUS AND OTHER DISEASES
Infectious Diseases (Corrected) — Age Distribution

Diseases	Total Cases Notified	Cases After Correction	Under 1 year	1 –	2 –	3 –	4 –	5–9	10–14	15–24	25–44	45–64	65 and Over	Age Un- known
Whooping Cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles ...	50	–	5	12	5	11	7	10	–	–	–	–	–	–
Dysentery ...	1	–	–	–	–	–	–	–	–	–	1	–	–	–
Scarlet Fever ...	6	–	–	–	–	1	–	3	1	1	–	–	–	–
TOTALS ...	57	–	5	12	5	12	7	13	1	1	1	–	–	–

TUBERCULOSIS

No. on Register at 31st December, 1966:

					Males	Females	Total
Pulmonary	...	...	...	...	89	44	133
Non-pulmonary	...	...	...	...	14	12	26
					103	56	159

No. Removed from Register during 1966:

					Pulmonary		Non-pulmonary		Total
					M	F	M	F	
Deaths	...	...	...	...	-	-	-	-	-
Other (cured, re-diagnosed transfers of area, etc.)	...	...	...	...	3	-	-	-	3
					3	-	-	-	3

Additions to Register during 1966:

					Pulmonary		Non-pulmonary		Total
					M	F	M	F	
New Notifications	...	...	...	...	3	2	2	-	7
Other (cases restored to Register, transfers, etc.)	...	...	...	...	7	2	-	-	9
					10	4	2	-	16

New Notifications:

					Pulmonary		Non-pulmonary		Total
					M	F	M	F	
Age Groups—									
5-9	...	...	...	...	1	-	-	-	1
15-19	...	...	...	...	2	1	-	-	3
35-44	...	...	...	...	-	1	1	-	2
55-64	...	...	...	...	-	-	1	-	1
65-74	...	...	...	...	-	-	-	-	-
					3	2	2	-	7



The Hive Printers Ltd., Letchworth, Herts